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|  | ***College of Education***  ***Department of Educational Psychology*** |

**Supervised Internship Experiences**

M.Ed. School Counseling – School Supervisor End-of-Internship

Program Evaluation Form

**Student’s Name (Last, First, MI):**       **NAU ID:**

**Program:** M.Ed. School Counseling **Campus:** Choose an item.

**Semester/Yr:**

**School Supervisor’s Name:**       **School Name:**

**DIRECTIONS: Based on your interactions with this intern, please rate the following in terms of how well you feel that the training program has prepared the intern candidate for an internship in a K-12 setting. The original completed form is given to the faculty supervisor directly at the end of the internship.**

**Below Average Average Above Average**

1. Knowledge of counseling techniques. 1 2 3 4 5 6
2. Knowledge of current issues in the

profession. 1 2 3 4 5 6

1. Knowledge of legal codes and ethical

standards. 1 2 3 4 5 6

1. Knowledge of K-12 educational process. 1 2 3 4 5 6
2. Knowledge of how the school operates. 1 2 3 4 5 6
3. Knowledge of creation and maintenance

of K-12 student records. 1 2 3 4 5 6

1. Knowledge of behavioral intervention

planning. 1 2 3 4 5 6

1. Knowledge of behavioral intervention

implementation. 1 2 3 4 5 6

1. Knowledge of normal/abnormal

child development. 1 2 3 4 5 6

1. Knowledge of K-12 student assessment. 1 2 3 4 5 6
2. Knowledge of referral and related

resources. 1 2 3 4 5 6

1. Knowledge of competency-based

guidance model/ASCA National Model. 1 2 3 4 5 6

1. Knowledge of responsibilities related to

school personnel to parents or guardians. 1 2 3 4 5 6

1. Knowledge of roles of school personnel. 1 2 3 4 5 6

**Do you have additional comments about the strengths of the training program based on your interactions with the NAU intern and faculty?**

**Do you have any suggestions for improvements or additions to the training program based on your interactions with the NAU intern and faculty?**

School Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Faculty Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**