

MID- TERM EVALUATION BY AGENCY/ CLINICAL SUPERVISOR

Intern: _____

Site Location: _____

Supervisor: _____ Title: _____

Telephone Number: _____

Judging him/ her as a developing professional, please rate the intern on each stated behavior using the following scale:

- (5) Outstanding, excellent, superior, distinguished
- (4) Competent, proficient, skilled, above average
- (3) Satisfactory, minimally competent
- (2) Shows a need for improvement
- (1) Does not demonstrate the stated behavior, unsatisfactory
- (0) Not applicable, not responsible for demonstrating the stated behavior in this setting

	5	4	3	2	1	0
Personal characteristics						
Professional attitude						
Rapport with members/ clients/ patients						
Organizing work or assignments						
Demonstration of self-motivation						
Knowledge of field work						
Desire to achieve in field						

Comments on evaluation:

Student's comments:

Strengths, weakness, suggestion for the remaining work hours:

General estimate of job potential:

Signature _____ Date _____
Evaluator

Signature _____ Date _____
Intern

RU Field Work Supervisor's Comments: