FINAL INTERNSHIP PERFORMANCE EVALUATION

To be completed at the conclusion of the internship year.

Name of Intern: ____________________________________________________________

Internship Program: _______________________________________________________

Internship Director: ________________________________________________________

Clinical Supervisor(s): _____________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
AREAS OF COMPETENCE

The Center for Psychological Studies of Nova Southeastern University requests your evaluation of our interns' performance in your training program. Kindly evaluate the intern on each of the following items.

1. **Assessment/evaluation, case conceptualization and treatment formulation skills:**

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<td>Poor</td>
<td>Satisfactory</td>
<td>Excellent</td>
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   Strengths:

   Weaknesses:

2. **Report writing skills:**

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   Strengths:

   Weaknesses:

3. **Therapy/intervention skills:**

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   Strengths:

   Weaknesses:

4. **Case management skills:**
5. **Interpersonal skills:**

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|   | Poor| Satisfactory | Excellent

Strengths:

Weaknesses:

6. Based on your experience with this Intern, how does her/his training compare with interns from other graduate programs?

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<td></td>
<td>Much</td>
<td>Somewhat</td>
<td>Similar</td>
<td>Somewhat</td>
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<td></td>
<td>Less Well</td>
<td>Less Well</td>
<td>To Others</td>
<td>Better</td>
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</table>
|   | Trained | Trained | Trained | Trained | Trained

Weaknesses:

Strengths:
Weaknesses:

7. Based on your experience with this Intern, what suggestions do you have to improve our graduate training program?

8. Other comments about this intern's performance:

9. On the basis of this review, are you willing to indicate at a later time to the National Register, state licensing boards, or other accrediting agencies that the student satisfactorily completed her/his internship under your supervision?

__________ Yes  __________ No
10. **Final Grade for the Year:**

    ________  PASS

    ________  FAIL

11. Please check the appropriate box below to confirm that the aforementioned intern has completed a minimum of **2000 hours**:

    ------- YES  ------- NO

12. **FINAL COMPLETION DATE OF THIS INTERNSHIP:**  ________________

    (Please do not omit this date)

    ____________________________  ____________________________
    Supervisor's Signature                Date

    ____________________________  ____________________________
    Intern's Signature                  Date Discussed With Intern

Return to: Alan D. Katell, Ph.D.
Director of Clinical Training
Nova Southeastern University
Center for Psychological Studies
3301 College Avenue
Ft. Lauderdale, FL  33314