EASTERN CONNECTICUT STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY

INTERNSHIP EVALUATION revised 4/14

The student and their supervisor from the placement site complete this evaluation together. If an individual other than the site supervisor had the most frequent contact with the student, that individual may complete this form with the student. Students are required to return the original to their ECSU Supervising Professor.

Student name: ____________________________________________________________
(please print)

ECSU Supervising Professor name: _____________________________________________
(please print)

Internship Supervisor name: _________________________________________________
(please print)

Name/contact information for individual completing this evaluation (if different than internship supervisor):
________________________________________________________________________

Semester: ___________ Year: ___________

1. Did the student meet the following minimum requirements? If "no", please provide clarification in item 2 below.

   y / n  * Did the student dress and act in a professional manner?

   y / n  * Did the student maintain confidentiality?

   y / n  * Did the student work the number of agreed-upon hours per week?

   y / n  * Did the student leave the work setting in a clean and orderly manner?

   y / n  * Did the student avoid contact with the clients outside the placement site?

   y / n  * Did the student use appropriate language?

   y / n  * Did the student maintain professional boundaries with clients?

   y / n  * Did the student attend all scheduled meetings?

   y / n  * Was the student on time?

   y / n  * If the student was unable to attend work, did they call their site supervisor or their designee before they were scheduled to work?

   y / n  * Did the student use the computers belonging to the placement site only for business related to internship?

(Over →)
2. PLEASE, COMMENT ON THE STUDENT'S PERFORMANCE AT THE PLACEMENT SITE AND THE NATURE AND EXTENT OF THE CONTRIBUTION HE OR SHE HAS MADE.

3. DID THE STUDENT USE THE OPPORTUNITIES AVAILABLE FOR LEARNING?

4. TO WHAT EXTENT DID THE STUDENT MEET THE EDUCATIONAL OBJECTIVES DESCRIBED ON THE INTERNSHIP AGREEMENT?

5. DO YOU HAVE ANY QUESTIONS, COMMENTS, OR REQUESTS THAT YOU WOULD LIKE TO SHARE?

Student signature: ___________________________ Date: _____________

Internship Supervisor (or designee) signature: ___________________________ Date: _____________

Printed on blue paper