

On-Site Intern Evaluation
School Counseling

Name: _____ Date: _____

School: _____ Level: _____

District: _____

Observation occurred while intern was: (describe activity, participants, content, length of evaluation and any other relevant information)

Strengths of Intern:

Areas for Improvement:

Discussion with Intern and Supervisor:

Signed: _____ Date: _____
(Lewis & Clark Supervisor)

Signed: _____ Date: _____
(Lewis & Clark Intern)