

**FALL MID-SEMESTER INTERN EVALUATION**

Completed by Onsite Supervisor

Student Intern: \_\_\_\_\_

Onsite Supervisor: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_

Internship: \_\_\_\_\_

**1. Please rate the student intern's performance on a scale of 1-5 (1=low/5=high):**

Presents overall professional attitude	1	2	3	4	5
Is punctual	1	2	3	4	5
Demonstrates a sense of responsibility	1	2	3	4	5
Takes initiative	1	2	3	4	5
Displays appropriate professional boundaries	1	2	3	4	5
Shows ability to adapt to client needs	1	2	3	4	5
Shows ability to engage in creative process	1	2	3	4	5
Possesses necessary clinical language skills	1	2	3	4	5
Completes tasks/duties thoroughly and on time	1	2	3	4	5
Able to accept and use constructive criticism	1	2	3	4	5
Developing relationships with staff/other disciplines	1	2	3	4	5
Overall assessment of the intern	1	2	3	4	5

**Please comment on intern's strengths:**

**Please comment on intern's challenges:**

**Intern's Comments:**

\_\_\_\_\_  
Student Intern's Signature Date

\_\_\_\_\_  
Onsite Supervisor's Signature Date

\_\_\_\_\_  
Faculty Supervisor's Signature Date

Please return this evaluation to:  
Liz DelliCarpini, Internship Coordinator, School of Visual Arts Art Therapy Department  
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