

USU Professional School Counselor Education Program

## MID-SEMESTER INTERNSHIP REVIEW

| INTERNSHIP INFORMATION |        |
|------------------------|--------|
| Student Name:          | A#     |
| E-mail:                | Phone: |

| INTERNSHIP SITE: |                |
|------------------|----------------|
| School:          | District:      |
| Date of Review:  | Semester/year: |
| Supervisor:      |                |

**Instructions:** Referring to your Internship Contract, please copy and paste the Utah Model Component goals you developed in the accompanying sections below. This form is editable, so you will have space to both list your goals and respond to the question about how you have met each goal so far. Describe your experience as to how you are accomplishing or have already accomplished your goal. If you have not achieved the goal yet, please explain what you plan to do in order to achieve the goal.

| SCHOOL GUIDANCE CURRICULUM GOAL(S):      |
|--|
| Goal 1:                                  |
| How have you met this goal:              |
| <br><br><br><br><br><br><br><br><br><br> |
| Goal 2:                                  |
| How have you met this goal:              |
| <br><br><br><br><br><br><br><br><br><br> |

**INDIVIDUAL STUDENT PLANNING GOAL(S):**

Goal 1:

How have you met this goal:

Goal 2:

How have you met this goal:

**RESPONSE SERVICES GOAL(S):**

Goal 1:

How have you met this goal:

Goal 2:

How have you met this goal:

| <b>SYSTEM SUPPORT GOAL(S):</b> |
|--------------------------------|
| Goal 1:                        |
| How have you met this goal:    |
|                                |
| Goal 2:                        |
| How have you met this goal:    |
|                                |

**Internship Supervisor Evaluation Form:** Please review the Internship Supervisor Evaluation form. You do NOT need to fill the form out yet as that will be done at the end of the semester. However, please go through the evaluation now and use it as a tool to identify areas of strength as well as areas for further growth and improvement.

| <b>AREAS FOR GROWTH AND IMPROVEMENT</b>   |
|---|
| Supervisor – Please identify areas of needed growth and improvement for the intern: |
|   |
| Intern – Please identify areas you would like to grow and improve in:               |
|   |

**ADDITIONAL COMMENTS**

Supervisor

Intern

**VERIFICATION OF REVIEW (REQUIRED):**

|   |                                     |
|---|-------------------------------------|
| Intern Signature                        |                                     |
| Supervisor Signature                    | Date                                |
| Supervisor preferred telephone number   | Supervisor preferred e-mail address |
| Evaluation reviewed by<br>(leave blank) | Date<br>(leave blank)               |

**IMPORTANT** – After you have filled out your mid-semester review with your supervisor and you have both signed the document please submit this form via Canvas