# RIVER VALLEY HEALTH

# CLINICAL PSYCHOLOGY INTERNSHIP

# Intern Evaluation of Internship

Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term \_\_\_ Mid-Intern Year \_\_\_ End-Intern year \_\_\_ 6 + month Post Intern Year

Evaluation is to be a collaborative process designed to facilitate growth, to pinpoint areas of strength and difficulty, and to refine goals. It is a tool for evaluating performance and also a vehicle for change. Please provide a rating for Competency Development and Overall Internship sections of this evaluation form using the following scale:

7 = Excellent

6 = Very good

5 = Good

3 = Satisfactory

2 = Below expected level

1. = Unsatisfactory
2. **Competency Development**
3. **Development of clinical skills in application of theory and research to clinical practice**

Degree to which you feel competent in this domain

1 2 3 4 5 6 7

Strength of Internship in training in this competency domain

1 2 3 4 5 6 7

1. **Development of clinical skills in assessment, diagnostic and conceptual skills**

Degree to which you feel competent in this domain

1 2 3 4 5 6 7

Strength of Internship in training in this competency domain

` 1 2 3 4 5 6 7

1. **Development of clinical skills in intervention and treatment planning**

Degree to which you feel competent in this domain

1 2 3 4 5 6 7

Strength of Internship in training in this competency domain

1 2 3 4 5 6 7

1. **Documentation and Case Management**

Degree to which you feel competent in this domain

1 2 3 4 5 6 7

Strength of Internship in training in this competency domain

1 2 3 4 5 6 7

1. **Integrated Services Delivery, including professional consultation and interface in multidisciplinary setting and knowledge and skills in primary care psychology**

Degree to which you feel competent in this domain

1 2 3 4 5 6 7

Strength of Internship in training in this competency domain

1 2 3 4 5 6 7

1. **Sensitivity to Individual and Cultural Diversity in Professional Work**

Degree to which you feel competent in this domain

1 2 3 4 5 6 7

Strength of Internship in training in this competency domain

1 2 3 4 5 6 7

1. **Ethical standards in clinical practice**

Degree to which you feel competent in this domain

1 2 3 4 5 6 7

Strength of Internship in training in this competency domain

1 2 3 4 5 6 7

1. **Professional Development including professional conduct, professional growth and self awareness, receiving supervision, and public advocacy**

Degree to which you feel competent in these domains

1 2 3 4 5 6 7

Strength of Internship in training in these competency domains

1 2 3 4 5 6 7

1. **Overall Internship**

Please provide a rating for the items below using the same scale:

7 = Excellent

6 = Very good

5 = Good

3 = Satisfactory

2 = Below expected level

1. = Unsatisfactory

**1. Professional Atmosphere**

\_\_\_\_\_ Adherence to APA ethical guidelines

\_\_\_\_\_ Commitment to serving the psychological needs of clients

\_\_\_\_\_ Active collaboration and cooperation between staff members

\_\_\_\_\_ Respect for, and use of, professionals from other disciplines

\_\_\_\_\_ Commitment to science and profession of psychology

\_\_\_\_\_ Awareness of, and respect for, individual differences among clients and

professionals

\_\_\_\_\_ Respect for human rights of clients and professionals

\_\_\_\_\_ Opportunity for professional development

**2. Training Atmosphere**

\_\_\_\_\_ Commitment to training

\_\_\_\_\_ Responsiveness of program to personal and individual training needs

\_\_\_\_\_ Accessibility of staff for supervision, consultation, and other training needs

\_\_\_\_\_Training not subordinate to service

\_\_\_\_\_ Adequate role models

\_\_\_\_\_ Atmosphere conducive to intellectual stimulation and professional growth

\_\_\_\_\_ Breadth of experience

\_\_\_\_\_ Depth of experience

\_\_\_\_\_ Challenging program

**3. Structured Training:**

\_\_\_\_\_ Outpatient placement

\_\_\_\_\_ Integrated Care placement

\_\_\_\_\_ Psychosocial Rehabilitation placement

**4. Training Received:**

\_\_\_\_\_ Individual supervision (received)

\_\_\_\_\_ Group supervision

\_\_\_\_\_ Orientation

**5. Didactic Training**

\_\_\_\_\_ Intern Seminars

\_\_\_\_\_ Other Didactic Experiences

**6. What are the strengths of this training program?**

**7. What are the limitations of this training program?**

**8. Recommendations:**

**10. Please rate the training program overall in helping to prepare you as**

**a psychologist**:

1 2 3 4 5 6 7

**11. Please rate the training program as meeting your own expectations**:

1 2 3 4 5 6 7

**12. Additional comments:**