

SYRACUSE UNIVERSITY
Counseling and Human Services
Evaluation of School Counseling Intern Services

To be completed by student intern:

School Counseling Intern _____ Date _____

Referral Source _____

Relationship to student _____

_____ was referred for counseling services on _____
 (student)

for the following concerns _____

___ Academic Development

- Quality of work
- Scholastic ability
- Time management
- Task management

___ Personal Development

- Personal awareness/acceptance
- Management of behaviors
- Management of emotions
- Personal safety, health, survival

___ Career Development

- Identification of post-secondary options
- Knowledge of careers
- Post-secondary goals
- Engagement in process to achieve goals

___ Social Development

- Peer relationships
- Adult-student relationships
- Diversity tolerance/acceptance
- Respect for rules and rights

I have engaged in the following activities with the student:

To be completed by the evaluator:

Please indicate the progress of the student on the items below (as taken from the referral form) and comment on observations:

	Concern is worse		No Progress		Progress	
	1	2	3	4	5	6
_____	1	2	3	4	5	6
_____	1	2	3	4	5	6
_____	1	2	3	4	5	6
_____	1	2	3	4	5	6
_____	1	2	3	4	5	6

Comments:

 Signature of Evaluator

 Date