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:

<table>
<thead>
<tr>
<th>Concern is worse</th>
<th>No Progress</th>
<th>Progress</th>
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Comments:

Signature of Evaluator ___________________________ Date ________________

NCATE Creating Environments for Student Learning