

**Internship Evaluation Rubric: Final Assessment**  
**School Guidance and Counseling**  
**University of Wisconsin—Stout**

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

School Site: \_\_\_\_\_

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

Please rate the student named above on the following items of professional knowledge and skill. Please use the scale described below, remembering that students are not expected to reach practitioner level until the end of their internship experience.

**Observer:** Minimal knowledge and skill development are evidenced in the domain area, often due to a lack of training and experience. Training and supervision are required.

**Novice:** Beginning knowledge and skill development are evidenced in the domain area, often due to limited experience. Some teaching and supervision are required.

**Practitioner:** The individual exhibits knowledge, proficiency, and competence in most aspects of the domain. The individual may seek consultation for assistance in some aspects of the domain.

Demonstrates Professional School Counseling Program Delivery Skills		Observer		Novice		Initial Practitioner	
		1	2	3	4	5	6
Individual Counseling/Planning	Demonstrates facilitative interpersonal skills						
	Interprets assessment data						
	Monitors student progress						
Group Counseling	Demonstrates facilitative interpersonal skills						
	Monitors relationships between group members						
	Tracks group progress and group functioning						
Developmental Curriculum	Plans lessons with appropriate content and materials						
	Uses effective instructional strategies						
	Connects curriculum to state/national student standards						

Demonstrates Professional School Counseling Program Delivery Skills, continued		Observer		Novice		Initial Practitioner	
		1	2	3	4	5	6
Transition Services	Assists students/parents at educational transitions (home to school, elementary to high school, secondary to post-secondary)						
Consultation & Collaboration	Communicates effectively with staff						
	Communicates effectively with families						
	Refers to school/community resources						
System Support	Implements school-wide prevention programs						
	Participates in other school activities						

Demonstrates Knowledge of School Counseling Foundations		Observer		Novice		Initial Practitioner	
		1	2	3	4	5	6
Applies knowledge of child development, psychology, and counseling theory in daily practice							
Understands and supports institution's mission							
Applies knowledge of the impact of diversity on student academic, personal/social, and career development							
Advocates for individual students and for systemic change							
Applies knowledge of state and federal laws in daily practice							
Acts in accordance with professional ethical standards of the American School Counselor Association							

Demonstrates Skill in Program Management & Accountability	Observer		Novice		Initial Practitioner	
	1	2	3	4	5	6
Connects school counseling program to national standards, state standards, and needs of school						
Evaluates impact of school counseling program components and interventions						
Uses research, evaluation, and student assessment data for program planning						
Uses technology for program implementation						
Plans and uses time effectively to accomplish program goals						

Please rate the student on his/her knowledge of and skill in the Pupil Service Standards.

Pupil Service Standard					
	1	2	3	4	5
Student understands the state teacher standards.					
Student has knowledge of and skill in learning and instructional strategies.					
Student had knowledge of and skill in research.					
Student has knowledge of and skill in professional ethics and ethical behavior.					
Student has knowledge of and skills in the organization and content of effective pupil service programs.					
Student has knowledge of and skill in a wide array of intervention strategies.					
Student has knowledge of and skill in consultation and collaboration.					

**Comments:**

This student has worked

from \_\_\_\_\_ to \_\_\_\_\_ (dates),

with \_\_\_\_\_ absences,

for a total of \_\_\_\_\_ hours.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**University Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_