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|  | ***College of Education******Department of Educational Psychology*** |

**Supervised Internship Experiences**

M.Ed. Student Affairs – Intern Evaluation of NAU Faculty

**Intern Name (Last, First, MI):**       **NAU ID:**

**Program:** M.Ed. Student Affairs **Campus:** Choose an item.

**Agency Name:**       **Semester/Yr:**

**NAU Faculty’s Name:**

**DIRECTIONS: The intern is to complete this evaluation form at the end of the internship. The original completed form is sent to the EPS Department Chair, COE - Educational Psychology, PO Box 5774, Flagstaff, AZ 86011.**

 **Below Average Average Above Average**

1. Provided me with an understanding of

the procedures of the internship. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]

1. Was available to answer questions. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]
2. Accepted & respected me as a person. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]
3. Facilitated a process that provided me

with feedback about my strengths &

weaknesses. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]

1. Was consistent & flexible in supervision. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]
2. Encouraged me to engage in professional

behavior. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]

1. Provided clarifications & resource

information upon request. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]

1. Facilitated the application of criteria in

evaluating my performance fairly. 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]

**Additional comments or suggestions:**

**Intern Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**