

Lewis and Clark College Graduate School of Education and Counseling School Counseling Program SCED 502 and SCED 506 Internship

FINAL EVALUATION by MENTOR

Student Name: _____

Term: _____ Year: _____ Instructor: _____

This form serves as an assessment tool to assist with monitoring student progress through the school counseling program. The department will use this information to assess the efficacy of the program, assist students, and evaluate and plan curriculum, policies and procedures.

Directions for Mentor Counselor: Place a mark in the box that best describes the level of achievement at the time of evaluation. (Evaluations may not fall on the line/halfway between two levels.)

Directions for School Counseling Student:

Please upload this form along with hours logs to Taskstream.

Upon course completion, the student will be able to:	Unacceptable	Emerging	Proficient	Distinguished
Candidate will demonstrate effective essential interviewing and counseling skills.				
Candidate will provide individual, group counseling or classroom guidance that promotes the academic and personal-social development of all students.				
OVERALL RATING				

NARRATIVE COMMENTS: Identify Strengths and Improvements (continue on back if necessary):

(Student's Signature)

(Date)

(Mentor's Signature)

(Date)

