

INTERN SUPERVISOR RECOMMENDATION FORM

Pasadena City College
Office of Psychological Services
1570 E. Colorado Blvd.
Pasadena, CA 91106

Internship Year: 2018-2019

Dear Supervisor,
Please complete the form below and mail it directly to us. A space is provided for additional comments on each item.

Name of intern applicant:

Name of current training site:

Primary theoretical orientation of your site:

Name of person completing this form:

In what capacity do you know the applicant?

Reliability (arrives on time; minimum number of absences):

Low Reliability 1 2 3 4 5 High Reliability

Comments:

Sense of humor

Lacking 1 2 3 4 5 Good sense of humor

Comments:

Gets along well with others (front office staff; other interns)

Has trouble in this area 1 2 3 4 5 No trouble in this area

Comments:

Psychological testing skills (including administration, scoring, and report)

Weak 1 2 3 4 5 Strong

Comments:

Quality of documentation (such as clinical notes) and other written communication

Poor quality 1 2 3 4 5 Excellent quality

Comments:

Is the intern open to suggestions from supervisor(s) during formal supervision times and at other times?

Resistant/rigid 1 2 3 4 5 Open/non-defensive

Comments:

Overall clinical skills

Below Expectations 1 2 3 4 5 Above Expectations

Comments:

Types of clients seen (clinical and ethnic diversity):

Comments:

Personal characteristics this intern has that make a good therapist (e.g. energy, engaging, maturity):

Comments:

Establishes a therapeutic presence

Weak 1 2 3 4 5 Strong

Comments:

Shows flexibility to adjust and respond to the moment-by-moment needs of the client.

Rigid 1 2 3 4 5 Flexible

Comments:

Professional appearance in manner and dress

Lacking 1 2 3 4 5 Presents well

Comments:

Overall performance rating

Lower than expected 1 2 3 4 5 Above expectations

Comments:

Additional Comments:

Signature:

Date: