

MID- TERM EVALUATION BY AGENCY/ CLINICAL SUPERVISOR

Intern: _____

Site Location: _____

Supervisor: _____ TitleSupervisor: _____G3h_ behavior using the f

(5)

Strengths, weakness, suggestion for the remaining work hours:

General estimate of job potential:

Signature _____ Date _____
Evaluator

Signature _____ Date _____
Intern

RU Field Work Supervisor's Comments: