

**MANASA EDUCATION FOUNDATION FOR MENTAL HEALTH,
SHIVAMOGGA & MSDC, MANIPAL**

INTERNSHIP SUPERVISOR EVALUATION FORMAT

Name of Intern:

Centre:

Supervisor Name:

Duration of Posting:

Rate the Intern on the Following Areas

5- Excellent, 4-Good, 3-Average, 2- Needs Improvement, 1-Poor

Area	5	4	3	2	1
Professional Behaviour					
Punctuality					
Communication Skills					
Rapport with Clients					
Counselling Skills					
Assessment Skills					
Case Documentation					
Behaviour Observation Skills					
Team Work					
Initiative & Interest					

**MANASA EDUCATION FOUNDATION FOR MENTAL HEALTH,
SHIVAMOGGA & MSDC, MANIPAL**

INTERNSHIP CLINICAL WORK LOG

Name of Intern:

Course:

Centre:

Duration:

Sl. No	Date	Patient Name / Initials	Case ID	Procedure Done (Case History / Assessment / Counselling / Behaviour Analysis / Group Activity)	Key Findings / Results	Supervisor Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

**MANASA EDUCATION FOUNDATION FOR MENTAL HEALTH,
SHIVAMOGGA & MSDC, MANIPAL**

INTERNSHIP ATTENDANCE SHEET

Day	Date	Centre Name	Time In	Time Out	Signature of Intern	Supervisor Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						