

Internship Feedback for Diagnostic Assessment Sessions

Intern: _____ Client ID Number: _____

Please provide information about strengths and weaknesses in the following areas and forward the form to the Intern's supervisor. The supervisor should review the feedback with the Intern and keep the form in the Intern's file.

1. Rapport Building (with the client and collateral sources, i.e., parent, guardian, caseworker)
2. Time Management (were all parts of the intake completed, what could they have done to improve the flow of the intake, were appropriate ROIs completed, was time spent with the parent or guardian appropriate)
3. Clinical Interview Skills (were all questions on the psychosocial history addressed, did they properly assess for abuse/neglect and suicidal/homicidal thoughts ,if abuse/neglect or suicidal/ homicidal thoughts were reported did they follow the proper steps for reporting, did they review policies and procedures and limits of confidentiality with the client/guardian)
4. ISP (accuracy of initial diagnostic conclusion, were goals relevant, is there a corresponding goal for each diagnosis, did they properly review the ISP with the client/guardian and obtain necessary signatures)

Signature of Clinician _____

Signature of Intern _____

Signature of Intern's supervisor _____