

REFERENCE FORM FOR GRADUATE INTERNSHIP/EXTERNSHIP

ASU Psychology Clinic

Name of Reference: _____

Name of Student/Trainee: _____

Have you observed the student listed above perform clinical activities?	YES	NO
Would any of these activities be considered "therapy"?	YES	NO
Would any of these activities be considered "assessment"?	YES	NO

Please explain:

OVERALL ASSESSMENT: Please circle/bold the appropriate number. Make desired comments in space provided. Not Applicable (N/A) is for if you have not had the opportunity to observe testing experience.

	Below Average		Average		Exceptional	
1. Possesses emotional stability and maturity to handle the rigors of the training experience.	1	2	3	4	5	
2. Possesses the theoretical/academic foundation necessary for effective counseling/clinical work.	1	2	3	4	5	
3. Possesses the skills necessary for translating theory into practice and can be flexible in integrating new ideas.	1	2	3	4	5	
4. Demonstrates awareness of and practices according to the current standards of ethics for professionals.	1	2	3	4	5	
5. Demonstrates the capacity to participate in supervision constructively and can modify own behavior in response to feedback.	1	2	3	4	5	
6. Can build relationships with clients using what are generally considered to be core foundational skills in clinical work (e.g., empathy, positive regard, non-judgmental attitude, reflections, open-ended questions)	1	2	3	4	5	
7. Can assess, use necessary test, make diagnosis, identify problems, move toward goals, and develop plan of treatment.	1	2	3	4	5	
8. Can accurately administer standardized tests and write well-written integrated reports.	1	2	3	4	5	N/A
9. Self-awareness of strengths and weaknesses.	1	2	3	4	5	
10. Has time-management skills, is punctual and meets deadlines regularly.	1	2	3	4	5	

Comments:

Reference's Signature: _____

Please sign and return the completed form. Submission of the form via email sent from the reference directly is preferred.

Return Reference Forms To:

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