Faculty of Graduate Studies
M.A. Counselling Psychology

Name:	ID#
Email:	Date

Internship Interim Progress Report

The supervisor and student intern are responsible to meet once a month to discuss learning objectives and accomplishments. This form is to document such meetings and will be placed in the student's clinical file along with the final intern evaluation and other internship documentation at the end of the internship.

Supervisor _____ **Site** _____

Clinical Training Objectives:

_____
_____

The student demonstrates the following strengths:

_____
_____
_____
_____
_____
_____

The student is encouraged to work on the following areas:

_____
_____
_____
_____
_____
_____

_____ _____
Signature of Site Supervisor Date

My signature indicates I have read and discussed the material above with my internship supervisor.

_____ _____
Signature of Intern Date

Office Use Only

Director's Signature: _____

Copies: ☐ **Student** ☐ **FRC** ☐ **Site Supervisor** **June 2008/IN#CL118**