

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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