

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.

Clinical Training Objectives:

The student demonstrates the following strengths:

The student is encouraged to work on the following areas:

(Print Name)

(Sign Name)

(Date)

Internship Supervisor: _____

Internship Counsellor: _____

CPSY Director: _____
