



# GHANA PSYCHOLOGY COUNCIL

## INTERNSHIP EVALUATION FORM FOR LAY & PARAPROFESSIONAL

*Upholding Standards, Protecting the People*

In Compliance With Part 5 of the Health Professionals Regulatory Act, 2013 (Act 857)

*Please refer to the guidelines when completing this Form*

(To be filled by the Supervisor)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Provisional Reg. No.: \_\_\_\_\_

Inst. of Psych. Training: \_\_\_\_\_

Date and Place of Practicum: \_\_\_\_\_

Field of Practice: \_\_\_\_\_

	<b>Excellent 80-100</b>	<b>Very Good 70-79</b>	<b>Good 60-69</b>	<b>Satisfactory 50-59</b>	<b>Poor &lt;50</b>
Practical experience acquired					
Assessment of skills					
Making referrals					
Level of interaction with Supervisors					
Use of available support					
Psycho-Education					
Level of commitment					
Confidence (Competence)					
Documentation and report writing					

Any Other Comment/Suggestion:

.....

.....

.....