



# GHANA PSYCHOLOGY COUNCIL

## INTERNSHIP EVALUATION FORM –PROFESSIONAL

*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					
Level of Supervision					
Teaching Programmes					
Level of interaction with Supervisors					
Use of available support					
Use of Standardized Tools					
Level of commitment					
Confidence (Competence)					
Documentation and report writing					

Any Other Comment/Suggestion:

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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:

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