



**Capacity for Professional Development**

4      3      2      1      X

1. Integration of theory and practice
2. Shows pattern of continuous learning
3. Ability to focus on problems and needs of agency
4. Attitude towards professional development
5. Promptness
6. Dependability

Comments:

**As the Internship Supervisor and based on your accounting, please provide the Number of Hours Completed: \_\_\_\_\_**

<b><u>AGENCY CONTACT INFORMATION:</u></b>	
<b>Internship Supervisor:</b> _____ (Please Print Name)	
_____ (Signature)	_____ (Date)
_____ (Email)	(_____)_____ (Phone)
<b>Agency:</b> _____	
<b>Department:</b> _____	
<b>Agency Address:</b> _____ _____	