MCG-CNVAMC Psychology Internship
Rotation/Track Evaluation Form (1 per Rotation/Track)
(Revised 9-17-18)

Intern Name: ____________________________ Date of Evaluation: ___________________
Rotation #: __________________ Rotation/Track: __________________________________
Supervisor(s) Name: ____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Rotation/Track Activities
Comment on activities of the rotation/track that were particularly beneficial in your training experience:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Comment on activities of the rotation/track that could be augmented or streamlined to strengthen the rotation/track?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Rotation/Track Supervision
Comment on aspects of the supervision provided that were particularly beneficial in your training experience:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Comment on the ways that the supervision could be strengthened in order to maximize the
training experience:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Rotation/Track Organization
Comment on the overall quality of the organization of the activities and supervision of the rotation/track:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Did you have an opportunity to meet with the supervisors to discuss the rotation experience?
☐ Yes
☐ No