Master of Arts in Psychology and Counseling
Mid-Semester Internship Progress Report

Student____________________________________________________________
Location of Internship___________________________________________________
Supervisor____________________________________________________________
Dates of Experience________________________________________________________
Duties/ Functions Performed:

Areas of Strength:

Areas Requiring Further Emphasis:

Additional Comments:

________________________________________________________________________

________________________________________________________________________

Student Signature________________________________________________________
Date_______________________________________________________________________

Supervisor’s Signature_____________________________________________________
Date_______________________________________________________________________

Certification/License # and state______________________________________________
Date_______________________________________________________________________

This form should be completed at the mid-point of the internship experience and returned the first core advisor.