

Mental Health Associate Program

Midpoint Evaluation

Student Information	
Name:	_____
Placement Name:	_____
Placement Address:	_____
Immediate Supervisor:	_____ Phone: _____

Student and supervisor are to complete their assigned questions and ***a meeting should follow to discuss each other's answers.*** Both student and supervisor must sign the report and submit it to the College.

*Student Questions*

1. What do you do at this facility? Indicate which tasks are your primary tasks versus your secondary tasks.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2a. When do you meet with your supervisor (i.e. weekly, biweekly, monthly)?

\_\_\_\_\_

2b. Do you discuss concerns with your supervisor? \_\_\_\_\_

2c. Do you receive feedback from your supervisor on your progress or other issues concerning your placement? \_\_\_\_\_

3. Do you participate in staff meetings, training or educational events? If so, name some of the activities that you have participated in. If not, do you plan to attend future activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have questions or concerns about your placement thus far? If so, what are they?

---

---

---

*Supervisor Questions*

1. Is the intern completing all his/her assigned responsibilities? If not, please explain.

---

---

---

---

2. Do you meet with the intern regularly and discuss progress and other relevant issues?

---

---

---

---

3. How well does the intern work with his/her colleagues?

---

---

---

---

4. Please comment on the intern's attendance, punctuality and professional appearance.

---

---

---

---

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date