**Internship Portfolio Summary Sheet**

**School Psychology Program**

**University of Connecticut**

***Part One: To be completed by the intern***

|  |  |
| --- | --- |
| **Intern’s Name:** | **Internship Year:**  |
| **Internship Site:** | **Major Advisor:** | **Degree program:** \_\_\_\_ MA/6th Year \_\_\_\_ PhD |

Complete the table below for all portfolio artifacts. Indicate a) the date of submission and b) the artifact’s corresponding objectives (i.e., your competencies demonstrated by the artifact). For the artifacts you choose to submit, please also write the name of the artifact.

| **Artifacts** | **Date Submitted** | **Goal 1 Objectives\*** | **Goal 2 Objectives\*** |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **1** | **2** | **3** |
| 1. Psychoeducational evaluation (#1)
 |  |  |  |  |  |  |  |  |  |  |  |
| 1. Psychoeducational evaluation (#2)
 |  |  |  |  |  |  |  |  |  |  |  |
| 1. Academic intervention case study
 |  |  |  |  |  |  |  |  |  |  |  |
| 1. Behavioral intervention case study
 |  |  |  |  |  |  |  |  |  |  |  |
| 1. Consultation case study
 |  |  |  |  |  |  |  |  |  |  |  |
| 1. Systems/prevention project
 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |

\*Please reference the UConn Objectives beginning on page 12 of the Internship Portfolio Manual.

***Part Two: To be completed by faculty***

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| **Mid-year Review** | **Date:** | **End-of-year Review** | **Date:** |
| **Faculty present:** | **Faculty present:** |
| **Overall portfolio rating:** | **Overall portfolio rating:** |
| **\_\_\_** Insufficient progress toward completion of portfolio | \_\_\_ Sufficient progress toward completion of portfolio | **\_\_\_** Portfolio requirement not met | \_\_\_ Portfolio requirement met |

**To be signed upon completion of the end-of-year review:**

Name of Portfolio Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_