

EVALUATION OF GENERAL SUPERVISION – 6 Months

SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY

Trainee: _____ Supervisor: _____

Placement Site: _____

Date: _____

Please rate each item by circling. (Respond to those items which are applicable to your training site.)

	N/A	Less Than Adequate	Acceptable	Good	Very Good	Excellent
<u>KNOWLEDGE</u>						
1. Supervisor shares his or her preferred theoretical orientations along with rationale.	N/A	1	2	3	4	5
2. Supervisor assists student in developing his or her own theoretical framework.	N/A	1	2	3	4	5
3. Supervisor provides broad information base to assist in developing treatment plan for client.	N/A	1	2	3	4	5
4. Supervisor facilitates awareness of, and discusses, ethical/legal issues on a regular basis.	N/A	1	2	3	4	5
5. Supervisor assists trainee in defining <u>difficult</u> problem areas such as client resistance, excessive dependency, and/or problems with termination.	N/A	1	2	3	4	5

SKILLS/TECHNIQUES/STRATEGIES OF SUPERVISION

1. Supervisor teaches and/or demonstrates one or more therapeutic styles.	N/A	1	2	3	4	5
2. Supervisor teaches and demonstrates various approaches to assessment and assists trainee in test interpretation.	N/A	1	2	3	4	5

	N/A	Less Than Adequate	Acceptable	Good	Very Good	Excellent
3. Supervisor reviews written work of trainee including formal assessment reports and/or case notes and gives specific feedback about the written work.	N/A	1	2	3	4	5
4. Circle the two modes of supervision which supervisor uses most frequently and rate those two in terms of usefulness.						
a. Trainee verbal report about client and/or review of client written material.	N/A	1	2	3	4	5
b. Use of audiotape or videotape.	N/A	1	2	3	4	5
c. Co-therapy with trainee.	N/A	1	2	3	4	5
d. Live supervision (sometimes with small group).	N/A	1	2	3	4	5
e. Modeling -- trainee observing supervisor through videotape or direct observation.	N/A	1	2	3	4	5
5. Supervisor reviews Supervision Training Plan quarterly and gives verbal and written feedback to trainee.	N/A	1	2	3	4	5
6. Supervisor assists student in learning practical aspects of managing a caseload (case management).	N/A	1	2	3	4	5

ATTITUDES

1. Supportiveness -- supervisor conveys feeling of enthusiasm and importance regarding supervisory process.	N/A	1	2	3	4	5
2. Supervisor conveys an openness to dealing with issues of power, authority and responsibility.	N/A	1	2	3	4	5
3. Supervisor demonstrates openness and skill regarding discussing issues of diversity, sensitivity to culture, gender, race/ethnicity, sexual orientation, class, religion, and age.	N/A	1	2	3	4	5

	N/A	Less Than Adequate	Acceptable	Good	Very Good	Excellent
4. Supervisor demonstrates willingness to explore issues related to closeness and intimacy as those relate to clients.	N/A	1	2	3	4	5
5. Supervisor conveys an acceptance of others including difficult clients who may present with socially unusual behaviors.	N/A	1	2	3	4	5
6. Supervisor respects limits of his or her own competency and refers supervisee to other professional resources.	N/A	1	2	3	4	5
7. Supervisor models role of teacher, administrator, consultant, and/or therapist.	N/A	1	2	3	4	5

RELATIONSHIP BETWEEN SUPERVISOR AND SUPERVISEE

1. Supervisor maintains an appropriate and openly articulated boundary during supervision.	N/A	1	2	3	4	5
2. Supervisor can share own personal experiences so that these clarify issues related to training and understanding clients.	N/A	1	2	3	4	5
3. Supervisor identifies areas of strength in the trainee to increase trainee's felt sense of competence.	N/A	1	2	3	4	5
4. Supervisor empowers trainee to discuss issues of disagreement.	N/A	1	2	3	4	5

OVERALL LEVEL OF SATISFACTION WITH SUPERVISION

Less Than Adequate	Acceptable	Good	Very Good	Excellent
1	2	3	4	5

QUALITATIVE COMMENTS ABOUT ANY ASPECT OF YOUR SUPERVISION WITH THIS SUPERVISOR:

Trainee Signature

Date

This evaluation has been shared with me by the trainee/resident.

Supervisor Signature

Date

DUE DATES

**6-month evaluation is due by last day of final exam week, Winter Quarter.
12-month or final evaluation is due by the end of practicum or end of final exam week, Summer Quarter.**

Return completed form to Office of Clinical Training. Trainee may each keep a copy.