



Student Evaluation of Clinical Supervisor

Student Name:

Site Name:

Clinical Supervisor Name:

Instructions

This form is to be used to evaluate the above-named supervisor that you have been working with. Your feedback is important to us, so we appreciate receiving as much detail and specificity as you can provide about your experience with this specific clinical supervisor. Your clinical supervisor will not have access to this evaluation. Your faculty, the Director of Clinical Training for your program, and the Office of Professional Training will have access and will review these evaluations periodically. For the first items indicate which answer is accurate for this clinical supervisor.

1. This Clinical Supervisor provided me with at least one hour of supervision for each week of the training experience.

Yes No Unsure

2. This Clinical Supervisor provided me with face-to-face supervision for each week of the training experience.

Yes No Unsure

3. This Clinical Supervisor completed, reviewed, and signed all BBS and University forms in a timely manner.

Yes No Unsure

4. This Clinical Supervisor provided free supervision.

Yes No Unsure

For the following items consider the **level of support** you received from the clinical supervisor identified above when it came to **your development** in the following areas.

Criteria	Extremely Supportive	Very Supportive	Moderately Supportive	Slightly Supportive	Not At All Supportive
1. Sensitivity to contextual dynamics	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. Appropriate application of model	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. Sensitivity to diversity	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. Integration of information	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

5. Ongoing personal education	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. Therapeutic alliance building	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7. Session management	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8. Appropriate use of assessment tools	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. Ability to apply diagnostic criteria	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10. Treatment planning	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11. Session structuring	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
12. Relational intervention application	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
13. Knowledge of Systems Theory	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14. Systemic case conceptualization	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
15. Attention to process and content	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
16. Systemic reframing	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
17. Evaluation of efficacy	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
18. Record keeping	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
19. Risk management	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
20. Ethical behavior as defined by the applicable code(s) of ethics	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
21. Adherence to site policies	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
22. Clinical decision making	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
23. Effective use of supervision	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
24. Self-awareness	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
25. Self-evaluation	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
26. Professionalism					

	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
27. Integration of feedback	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Please provide a brief narrative about your experience with this supervisor during the time that you have worked together or any other information about this supervisor that you would like to share:

If you engaged in telesupervision with your clinical supervisor, share your reflections of the pros, cons, benefits, and challenges. If you did not engage in telesupervision with your clinical supervisor, please enter N/A:

Please provide the end date of your placement with this clinical supervisor:

Thank you very much for taking the time to complete this evaluation.

Student Signature: Date

Faculty Signature: Date