

SEMESTER/YEAR: _____

STUDENT'S EVALUATION OF SUPERVISOR

Supervisor	Site	
Provided supervision for:	Therapy _____	Both _____
Assessments/Screenings _____		
For each item, please check the description that most clearly relates to your opinion regarding each supervisor.		
1. Demonstrates knowledge of therapy and assessment procedures and theory.		
Appears to have sound knowledge in areas supervised. <input type="checkbox"/>	Appears to have basic knowledge. Unsure in some areas. <input type="checkbox"/>	Knowledge appears limited. <input type="checkbox"/>
2. Explains therapy and assessment procedures and theory, and assists the student in administering various techniques when necessary.		
Able and willing to give clear explanations. <input type="checkbox"/>	Willing to explain. Reasonably understandable. <input type="checkbox"/>	Unable or unwilling to explain ideas clearly. <input type="checkbox"/>
3. Provides sufficient amount of useful feedback.		
Frequent specific, objective comments which lead to student growth. <input type="checkbox"/>	Occasional comments: somewhat useful. <input type="checkbox"/>	Rarely gives feedback or comments are too general to be helpful. <input type="checkbox"/>
4. Provides appropriate amount of assistance in establishing realistic goals for intervention, and in evaluating progress toward the goals.		
Helps as needed according to student's limitations. <input type="checkbox"/>	Somewhat helpful. <input type="checkbox"/>	Provides too much or too little assistance for student's level. <input type="checkbox"/>
5. Consistent review and critique of therapy plans prior to sessions.		
Frequently reviews. Makes comments. <input type="checkbox"/>	Sometimes reviews and critiques plans. <input type="checkbox"/>	Never gives feedback about therapy plans. <input type="checkbox"/>
6. Provides guidance in report writing and other paperwork.		
Knowledgeable. Gives clear directions. <input type="checkbox"/>	Guidance somewhat helpful. Reasonably clear. <input type="checkbox"/>	Insufficient guidance given. Unclear directions. <input type="checkbox"/>
7. Involves the student in conference with parent, spouse, or client at a level consistent with the student's academic/clinical training.		
Encourages involvement in all areas within student's limitations. <input type="checkbox"/>	Encourages some involvement. <input type="checkbox"/>	Counsels without involving the student clinician. <input type="checkbox"/>
8. Encourages student's independence and creativity.		
Encourages new ideas. Stresses creativity where applicable. <input type="checkbox"/>	Somewhat open to new ideas, but does not encourage them. Prefers certain amount of conformity. <input type="checkbox"/>	Gives too many suggestions. Not receptive to student's ideas and techniques. Strict conformity urged. <input type="checkbox"/>
9. Interpersonal communications.		
Reacts to students as individuals. Aware of and sensitive to individual needs. Skillful in responding to them. Tactful. <input type="checkbox"/>	Limited effectiveness in responding individually. Some interest but lack of skill in communicating sensitively. <input type="checkbox"/>	Difficulty in communicating. Seems not to understand and/or unwilling to listen and/or respond to student's needs. <input type="checkbox"/>
Please provide comments regarding your supervisor's specific strengths and weaknesses:		