

APPENDIX T

SUPERVISOR EVALUATION FORM

Supervisor Name: _____
Time period supervised: _____
Location of Clinical Work: _____
Location of Supervision: _____

Instructions: For each item, select the statement that best characterizes your work with your supervisor. This form is intended to be completed in Word; simply click on a box to check it and click again to uncheck. Complete the General Supervision Characteristics section for all supervisors. Complete the Assessment Supervisors section for those supervisors who advised you on conducting formal assessments (i.e., beyond diagnostic interviewing or assessment tools used in therapy), and the Therapy Supervisors section for those who observed you in therapy. Check the box at the beginning of the assessment or therapy supervision section to indicate it was not relevant for that supervisor.

Concerning your confidentiality: If there are significant problems with a supervisor (e.g., a person who rarely meets with supervisees, models unethical behavior, or never directly observes your work through video, audio or live supervision means), we will need to act on this information immediately. We would inform you beforehand if we speak to a supervisor based on this type of feedback. In all other instances, we will provide feedback to supervisors when at least 3 forms have been completed for a particular supervisor, in summary form (i.e., we will not provide them with completed forms). For program faculty supervisors (di-prac instructors, supervisors who are considered USC faculty), evaluations will only be examined every other year to protect student confidentiality.

GENERAL SUPERVISION CHARACTERISTICS

1)	COMFORTABLE WORKING RAPPORT <input type="checkbox"/> We established a fully comfortable working relationship <input type="checkbox"/> We worked well together, but there were some issues I was not comfortable discussing <input type="checkbox"/> I was uncomfortable bringing up relevant case and personal issues with my supervisor
2)	ENTHUSIASM AND INVOLVEMENT IN SUPERVISION <input type="checkbox"/> My supervisor was enthusiastic and very involved in the supervision process <input type="checkbox"/> My supervisor was helpful and involved, but not always fully engaged in the supervision process <input type="checkbox"/> My supervisor appeared uninterested in supervision at times <input type="checkbox"/> My supervisor showed a lack of interest in supervision
3)	CLIMATE CONDUCIVE TO OPEN COMMUNICATION <input type="checkbox"/> My supervisor created an open climate where I felt comfortable disagreeing with him/her <input type="checkbox"/> My supervisor created a fairly open climate where I could discuss my own ideas, but I felt uncomfortable disagreeing <input type="checkbox"/> I did not feel that it was acceptable to disagree or bring up my own ideas
4)	PRODUCTIVE USE OF SUPERVISION TIME <input type="checkbox"/> We spent the majority of our supervision time focused on clinical cases <input type="checkbox"/> We spent significant time on clinical cases, but sometimes non-related issues interfered with supervision time <input type="checkbox"/> There was too little focus on clinical cases in supervision

5)	MULTICULTURAL ISSUES <input type="checkbox"/> My supervisor is knowledgeable about, and is open to, discussing multicultural issues <input type="checkbox"/> My supervisor is open to discussing multicultural issues, but does not bring them up <input type="checkbox"/> My supervisor does not seem open to discussing multicultural issues
6)	ACCESSIBILITY IN URGENT/EMERGENCY SITUATIONS <input type="checkbox"/> My supervisor was available in almost every instance <input type="checkbox"/> My supervisor was not always immediately available, but always called me back later <input type="checkbox"/> My supervisor was rarely available in urgent situations
7)	REGULAR ACCESSIBILITY <input type="checkbox"/> My supervisor keeps appointments with me and arrives on time <input type="checkbox"/> My supervisor has rarely forgotten an appointment, or is occasionally 5-10 minutes late <input type="checkbox"/> My supervisor frequently reschedules appointments, or is frequently over 15 minutes late <input type="checkbox"/> My supervisor frequently cancels appointments without rescheduling <input type="checkbox"/> I met with my supervisor 1 time per month or less
8)	IN-PERSON APPOINTMENTS <input type="checkbox"/> My supervisor always meets with me in person <input type="checkbox"/> My supervisor occasionally meets with me in person, occasionally via another means (e.g., phone) <input type="checkbox"/> My supervisor predominately meets with me via other means (i.e., rarely in person)
9)	NEGATIVE FEEDBACK <input type="checkbox"/> My supervisor is able to provide corrective feedback without being overly critical/in a constructive way <input type="checkbox"/> Sometimes my supervisor provides corrective feedback in a constructive way, sometimes with a critical tone <input type="checkbox"/> When my supervisor provides negative feedback, it is typically quite critical
10)	POSITIVE FEEDBACK <input type="checkbox"/> My supervisor often points out positive aspects of my clinical work <input type="checkbox"/> My supervisor occasionally points out positive aspects of my clinical work <input type="checkbox"/> My supervisor has never commented on positive aspects of my clinical work
11)	ETHICAL BEHAVIOR AND MONITORING <input type="checkbox"/> My supervisor modeled appropriate ethical standards and monitored my ethical awareness in my training and work <input type="checkbox"/> My supervisor did not always monitor my ethical awareness/behavior (e.g., ask follow-up questions for a risk or ethical situation) <input type="checkbox"/> My supervisor did not always model ethical behavior
12)	RECOMMEND SUPERVISOR <input type="checkbox"/> I would recommend this supervisor to all colleagues <input type="checkbox"/> I would recommend this supervisor to some colleagues (e.g., depending on the prospective supervisee's personality) <input type="checkbox"/> I would not recommend this supervisor

THERAPY SUPERVISORS CHECK HERE IF NOT RELEVANT FOR THIS SUPERVISOR

1)	CASE CONCEPTUALIZATION (I.E., AN OVERARCHING MODEL FOR UNDERSTANDING MY CLIENT'S PROBLEMS WHICH POINTS TO PARTICULAR INTERVENTION STRATEGIES) <input type="checkbox"/> My supervisor encourages and models case conceptualization <input type="checkbox"/> My supervisor sometimes discusses case conceptualization with me <input type="checkbox"/> My supervisor and I have never discussed case conceptualizations of my clients
2)	PROVISION OF RESOURCES (E.G., BOOKS, ROLE PLAYS) FOR LEARNING THERAPEUTIC TECHNIQUES OR MODELS <input type="checkbox"/> My supervisor has provided me with resources both independently and when I ask <input type="checkbox"/> My supervisor provides helpful resources when I ask <input type="checkbox"/> My supervisor provides unhelpful resources, or does not get back to me when I request resources <input type="checkbox"/> My supervisor has never mentioned providing a resource, and I have never asked
3)	APPROACH TO SUPERVISION <input type="checkbox"/> My supervisor regularly reviews videos of my sessions before we meet <input type="checkbox"/> My supervisor occasionally reviews videos of my sessions before we meet, or frequently within supervision meetings <input type="checkbox"/> My supervisor typically does not review videos outside supervision, but occasionally does during supervision <input type="checkbox"/> My supervisor rarely reviews videos either inside or outside supervision
4)	FORMULATION OF CLEAR TREATMENT GOALS <input type="checkbox"/> We regularly discussed overarching and session treatment goals, and why these goals were selected <input type="checkbox"/> We sometimes discussed goals, but sometimes I was unsure why a goal was selected or I was unclear about the goals <input type="checkbox"/> We rarely discussed specific treatment goals
5)	CONSULTING THE EMPIRICAL LITERATURE <input type="checkbox"/> My supervisor regularly advises consulting the empirical literature when relevant (e.g., new clinical problem to me) <input type="checkbox"/> My supervisor occasionally references the empirical literature, but does not encourage me to consult it <input type="checkbox"/> My supervisor rarely references or mentions the empirical literature
6)	APPROPRIATE REVIEW OF CLINICAL DOCUMENTATION <input type="checkbox"/> My supervisor read all of my clinical documentation and provided corrective feedback when needed <input type="checkbox"/> My supervisor read all of my clinical documentation but rarely provided feedback <input type="checkbox"/> My supervisor read some clinical documentation (e.g., risk reporting, intake reports), but I was uncertain if (s) read routine notes <input type="checkbox"/> I was uncertain if my supervisor reviewed any of my clinical documentation

ASSESSMENT SUPERVISORS CHECK HERE IF NOT RELEVANT FOR THIS SUPERVISOR

1)	APPROPRIATE MONITORING OF SCORING PROTOCOLS AND PROCEDURES <input type="checkbox"/> My supervisor regularly looked over score profiles and helped me resolve difficult scoring issues <input type="checkbox"/> My supervisor was available to help me with scoring when I asked, but did not routinely review scored protocols <input type="checkbox"/> My supervisor did not review my scored protocols and did not help me resolve scoring issues
2)	FORMULATION OF CLEAR ASSESSMENT GOALS <input type="checkbox"/> We regularly discussed the purpose of assessments and why specific tests were selected to address goals (or how a fixed battery was able to address those goals) <input type="checkbox"/> We sometimes reviewed relevant referral/research questions and made appropriate adjustments to the battery, but sometimes I was unsure of the purpose of the tests <input type="checkbox"/> I often did not know the purpose of the assessments or how the battery addressed relevant referral/research questions
3)	APPROACH TO SUPERVISION <input type="checkbox"/> My supervisor often observed my clinical work directly, co-tested or co-interviewed with me, or practiced testing with me <input type="checkbox"/> My supervisor provided observation or co-testing early in supervision but not towards the end <input type="checkbox"/> My supervisor carefully evaluated whether I was already familiar with test materials, and decided not to observe or practice with me <input type="checkbox"/> My supervisor did not observe me directly and did not provide the opportunity for co-testing, co-interviewing or practice
4)	INTEGRATION OF ASSESSMENT RESULTS <input type="checkbox"/> My supervisor and I met regularly to discuss patterns of findings, possible diagnoses, and appropriate recommendations <input type="checkbox"/> My supervisor and I reviewed assessment results and formulated impressions based on them, but not how to translate results into diagnoses and recommendations <input type="checkbox"/> My supervisor and I discussed only test scores, with little to no focus on translating those scores into meaningful conclusions about the client
5)	HELPLEFULNESS OF WRITTEN REPORT FEEDBACK <input type="checkbox"/> The feedback for reports was helpful in improving my clinical writing and assessment skills <input type="checkbox"/> The feedback for written reports was mostly helpful but sometimes did not address important concerns I had with the report <input type="checkbox"/> The feedback for written reports was minimal and did not address important concerns with diagnosis, conceptualization, or recommendations
6)	TIMELINESS OF REPORT FEEDBACK <input type="checkbox"/> The feedback I received on my written reports was timely (within 1-2 weeks) <input type="checkbox"/> The feedback I received on my written reports was generally timely (within 3 weeks) but sometimes occurred long after I had written my first draft <input type="checkbox"/> I received little feedback about reports and/or the feedback occurred after the report was already in the chart/delivered to the client
7)	ACCESS TO NECESSARY RESOURCES (E.G., APPROPRIATE TESTING MATERIALS AND NORMS, SCORING, AND INTERPRETIVE MANUALS) <input type="checkbox"/> My supervisor provided access to necessary resources <input type="checkbox"/> My supervisor usually had appropriate materials, but sometimes helped me to locate more appropriate norms or tests for particular clients <input type="checkbox"/> My supervisor often did not have appropriate testing materials or norms and did not explain how to locate such materials

Open Ended Questions: (use as much space as you need)

- 1) What was the best thing about working with this supervisor?
Click here to enter text.
- 2) What do you wish had been different about your work with this supervisor?
Click here to enter text.
- 3) Any other comments or elaborations on above questions?
Click here to enter text.

**** Use the fillable space below to write additional information ****

For di-pracs or placement sites: (use as much space as you need)

- 1) What were your disappointments or frustrations regarding this placement site/di-prac experience?
Click here to enter text.
- 2) Would you recommend this site/di-prac to a classmate? Why or why not?
Click here to enter text.
- 3) Overall, was this practicum experience a valuable one in terms of your clinical development?
Your research/scientific development?
Click here to enter text.