

**Department of Counseling & Student Affairs
Clinical Mental Health / Marriage, Couple, & Family
Student Evaluation of Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name** |  | **Term & Year** |  |
| **Site Name** |  | **Dates of Evaluation** |  |
| **Site Supervisor** |  | **Faculty Supervisor** |  |
| **Directions:** Complete this form to: (1) to provide feedback for improving supervision; (2) provide insight to the department faculty about the effectiveness of site supervisors; and (3) to encourage communication between the supervisor and the student counselor. Please rate the supervisor based on how you felt about the supervision received according to the following scale:  |
| (1) Unsatisfactory, did not meet expectations(2) Below expectations (3) Satisfactory; meets expectations  | (4) Above expectations (5) Outstanding (NA) Insufficient contact to judge |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | NA |
| Gives time and energy in observations, tape processing, and case conferences. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Accepts and respects me as a person. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Recognizes and encourages further development of my strengths and capabilities. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Gives me useful feedback when I do something well. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Provides me the freedom to develop flexible and effective counseling styles. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Encourages and listens to my ideas and suggestions for developing my counseling skills. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Provides suggestions for developing my counseling skills. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Helps me understand the implications and dynamics of the counseling approaches I use. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Encourages me to use new and different techniques when appropriate. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Is spontaneous and flexible in the supervisory sessions. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Helps me define and achieve specific concrete goals for myself during the practicum experience. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Gives me useful feedback when I do something wrong. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Allows me to discuss problems I encounter in my practicum/internship setting. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Pays appropriate amount of attention to both me and my clients. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Focuses on both verbal and nonverbal behavior in me and in my clients. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Helps me define and maintain ethical behavior in counseling and case management. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Encourages me to engage in professional behavior. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Maintains confidentiality in material discussed in supervisory sessions. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Deals with both content and effect when supervising. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Focuses on the implications, consequences, and contingencies of specific behaviors in counseling and supervision. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Helps me organize relevant case data in planning goals and strategies with my client. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Helps me to formulate a theoretically sound rationale of human behavior. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Offers resource information when I request or need it. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Helps me develop increased skill in critiquing and gaining insight from my counseling tapes. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Allows and encourages me to evaluate myself. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Explains his/her criteria for evaluation clearly and in behavioral terms. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |
| Applies his/her criteria fairly in evaluating my counseling performance. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |  [ ]  |

|  |
| --- |
| **Comments and suggestions about the supervisor (i.e., strengths, areas for growth)** |
|  |

|  |
| --- |
| *You are* ***not*** *required to share this with your site supervisor. However, you are encouraged to provide them with this evaluation or ongoing feedback throughout the semester as issues arise.* |
| Student Counselor Signature |  | Date |  |
| Site Supervisor (Optional) |  | Date |  |

\* Adapted from Boylan, Malley, & Petty Reilly (2001). Printed by permission from Dr. Harold Hackney, Assistant Professor, Purdue University. This form was designed by two graduate students based upon material drawn from Counseling Strategies and Objectives by H. Hackney and S. Nye, Prentice-Hall, Englewood Cliffs, NJ, 1973. This form originally was printed in Chapter 10 of the Practicum Manual for Counseling and Psychotherapy by K. Dimick and F. Krause, Accelerated Development, Muncie, IN, 1980.