

SUPERVISION EVALUATION FORM

Student Name:

Degree Being Pursued: _____ **Expected Date Of Completion:** _____

College / University Attended: _____

Faculty Advisor's Name: _____

Placement Start Date: _____

Placement Completion Date: _____

Clinical Supervisor's Name & Credentials: _____

Placement Organization: Park Center, Inc., 909 E. State Blvd., Fort Wayne, IN 46805

Field / Placement Location / Department: _____

Instructions: This questionnaire is designed to evaluate the supervision you received during your placement at Park Center, Inc. Please rate the effectiveness of supervision received by placing an "x" on the line to indicate your satisfaction level on questions 1 - 3. Also, in the second section on the back, please rate the quality of your supervisor's response / behavior during supervision.

1. How satisfied were you with the supervision you received?

Totally Satisfied	Mostly Satisfied	More Satisfied Than Not	Niether Satisfied Or Unsatisfied	More Unsatisfied Than Not	Mostly Unsatisfied	Totally Unsatisfied
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2. How satisfied were you with your supervisor's competence at giving good supervision?

Totally Satisfied	Mostly Satisfied	More Satisfied Than Not	Niether Satisfied Or Unsatisfied	More Unsatisfied Than Not	Mostly Unsatisfied	Totally Unsatisfied
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3. How satisfied were you with your supervisor's contribution to your professional development/education?

Totally Satisfied	Mostly Satisfied	More Satisfied Than Not	Niether Satisfied Or Unsatisfied	More Unsatisfied Than Not	Mostly Unsatisfied	Totally Unsatisfied
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Complete Other Side

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Please rate (*circle the rating*) your supervisor's behavior based on what you believe was typical of the behavior you observed during placement using the following scale:

Note: If the descriptor is not applicable for the type of supervision you received, circle N/A.

- 5 - Perfectly Descriptive Of My Supervisor's Behavior
- 4 - Usually Descriptive Of My Supervisor's Behavior
- 3 - Somewhat Descriptive Of My Supervisor's Behavior
- 2 - Rarely Descriptive Of My Supervisor's Behavior
- 1 - Never Descriptive Of My Supervisor's Behavior
- N/A - Not Applicable

1.	Established good rapport with you.	1	2	3	4	5	N/A
2.	Worked conjointly with you to establish reasonable goals against which your progress in supervision could be measured.	1	2	3	4	5	N/A
3.	Provided regularly scheduled time for supervision needs.	1	2	3	4	5	N/A
4.	Provided frequent observation of you working/counseling with clients either directly, by audiotape or by videotape. (if Masters level: at least 2 videotaped sessions with clients were reviewed)	1	2	3	4	5	N/A
5.	Provided adequate orientation to Park Center services and the populations served in them.	1	2	3	4	5	N/A
6.	Provided you with appropriate feedback that furthered your professional growth and development.	1	2	3	4	5	N/A
7.	Helped to conceptualize cases, i.e., presenting problems, diagnoses, treatment, etc.	1	2	3	4	5	N/A
8.	Provided adequate training opportunities for you to attend to help you learn about Park Center and the mental health system.	1	2	3	4	5	N/A
9.	Evaluated your performance according to your placement / educational goals.	1	2	3	4	5	N/A
10.	Clearly specified placement responsibilities, expectations and areas for improvement.	1	2	3	4	5	N/A