EVALUATION OF CLINICAL EXPERIENCE

Cover Page

Name of Student:_________________________

Date______________

ID #:   N____________________

Telephone number(s) where you can be reached:________________________

_________________________________

E-Mail_________________________________

SIGNATURE:  ___________________________
EVALUATION OF CLINICAL EXPERIENCE

2. Indicate the practicum course just completed:

___ 2701 (Practicum I)
___ 2702 (Practicum II)
___ 270A (Summer Practicum I)
___ 3701 (Practicum III)
___ 3702 (Practicum IV)
___ 370A (Summer Practicum II)
___ 4701 (Practicum V)
___ 4702 (Practicum VI)
___ 470A (Summer Practicum III)

3. Semester and year: ____________________ 2006

4. Agency/Program Name: ____________________________

5. Site Supervisor ____________________________
   Intensive Supervisor if different ____________________________
   Additional Supervision Provided by ____________________________

6. Starting date for current practicum year:
   ____________________________
   Month/Year

7. Hours completed since the start of practicum course you marked in question #2:
   ___________ hours completed

8. Student Activities: (Average hours/week in):
   a) Patient Contact
      1. Testing_____ 2. Therapy_____ 3. Other_____
b) Supervision of your work in:
   1. Testing_____  2. Therapy_____  3. Other _____

c) Staffings __________

d) Research _____  e) Other:______________________

9. **Evaluations:**
   a) Rating of placement as a learning experience. (Circle one)
      1) poor  2) fair  3) good  4) very good  5) excellent

   b) Rating of supervision received (Circle one):
      1) poor  2) fair  3) good  4) very good  5) excellent

10. **Comment on the positive aspects of this placement:**

11. **Comment on the negative aspects of this placement:**

12. **Did you feel adequately prepared for this placement?**
    Yes_____          No_____  
    If NO, what additional training would have been useful?
PRACTICUM “SITE” SUPERVISION EVALUATION
(A Nova site has one person for both practicum and intensive supervision as opposed to an off site whereby you have a site supervisor and a Nova intensive supervisor)

Practicum Supervisor's Name_______________________________

Please rate your Practicum Supervisor in each of the areas listed below using the following rating scale:

1 - Unsatisfactory
2 - Below Average
3 - Satisfactory
4 - Above Average
5 - Excellent

____ Supervisor's knowledge of assessment/diagnostic issues, therapeutic techniques, an client populations.

____ Supervisor's knowledge of pertinent legal and ethical issues.

____ Supervisor's knowledge of relevant clinical and research literature.

____ Supervisor's knowledge of diversity issues and their impact on mental health.

____ Supervisor's ability to relate effectively to students (attitude; flexibility and openness, interest and enthusiasm and capacity to facilitate student exploration of relevant personal issues).

____ Clarity of objectives for supervision.

____ Clarity of expectations and evaluation criteria.

____ Overall rating of your Practicum Supervisor.
(continued)

Using the scale provided below, please place the appropriate number next to each statement:

1 - I strongly disagree
2 - I disagree
3 - I agree somewhat
4 - I agree
5 - I strongly agree
N/A - Not applicable

____ I received the amount of supervision specified in my practicum contract.
____ My supervision time was rarely canceled, delayed, or shortened.
____ When my supervision time was canceled, delayed, or shortened, the supervision time was subsequently made up.
____ My supervisor infrequently allowed interruptions (e.g., phone calls). If interruptions occurred with regularity, please describe them in the comment section provided.
____ My written work was carefully reviewed and sufficient feedback was given.
____ My supervisor was open to a range of approaches to treating my cases.
____ A sufficient amount of supervision time was spent reviewing taped therapy materials.
____ Didactic presentations, when warranted, were incorporated into the supervision.
____ My supervisor remained abreast of my caseload and my clients' progress.

GENERAL COMMENTS:
INTENSIVE SUPERVISION EVALUATION
(Nova Supervisor for a non-Nova Site-different from off site supervisor)

Intensive Supervisor's Name

Please rate your Intensive Supervisor in each of the areas listed below using the following rating scale:

* Complete this form only if your intensive supervisor was different than your practicum supervisor.

1 - Unsatisfactory
2 - Below Average
3 - Satisfactory
4 - Above Average
5 - Excellent

____ Supervisor's knowledge of assessment/diagnostic issues, therapeutic techniques, an client populations.

____ Supervisor's knowledge of pertinent legal and ethical issues.

____ Supervisor's knowledge of relevant clinical and research literature.

____ Supervisor's knowledge of diversity issues and their impact on mental health.

____ Supervisor's ability to relate effectively to students (attitude; flexibility and openness, interest and enthusiasm and capacity to facilitate student exploration of relevant personal issues).

____ Clarity of objectives for supervision.

____ Clarity of expectations and evaluation criteria.

_____Overall rating of your Intensive Supervisor.
Using the scale provided below, please place the appropriate number next to each statement:

1 - I strongly disagree
2 - I disagree
3 - I agree somewhat
4 - I agree
5 - I strongly agree
N/A - Not applicable

____ I received an average of 45 minutes per week on my case(s).

____ My supervision time was rarely canceled, delayed, or shortened.

____ When my supervision time was canceled, delayed, or shortened, the supervision time was subsequently made up.

____ My supervisor infrequently allowed interruptions (e.g., phone calls). If interruptions occurred with regularity, please describe them in the comment section provided.

____ My written work was carefully reviewed and sufficient feedback was given.

____ My supervisor was open to a range of approaches to treating my cases.

____ A sufficient amount of supervision time was spent reviewing taped therapy materials.

____ Didactic presentations, when warranted, were incorporated into the supervision.

____ My supervisor remained abreast of my caseload and my clients' progress.

GENERAL COMMENTS: