

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, and 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, and 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: