

Evaluation.of supervisor by Intern

TO: ALL 2000-2001 INTERNS

DATE: May 2001

FROM: Alan D. Katell, Ph.D.
Director of Clinical Training

RE: Attached Supervision Evaluations

Attached you will find the **Intensive Supervision Evaluation** forms which you need to complete and return to my office as soon as possible during the final month of our internship assignment..

**BE SURE TO FILL IN YOUR NAME, SOCIAL SECURITY NUMBER,
PHONE NUMBER AND SIGNATURE IN THE APPROPRIATE AREAS ON
THE COVER PAGE. THIS WILL REMAIN CONFIDENTIAL.**

Completed forms should be placed in the designated box labeled “**Students**” located in the Clinical Training Office.

Thank you.

Cover Page

1. Name of Intern: _____ Date _____

Social Security #: _____

2. Phone number where you can be reached: _____

SIGNATURE: -----

**INTENSIVE SUPERVISION EVALUATION
FOR INTERNSHIP**

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 you're 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, 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: