**MS CLINICAL PROGRAM**

**San Jose State University**

**EVALUATION OF SUPERVISION FORM**

**Completed by Student Intern**

STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TERM/YEAR\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_

AGENCY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOURS CALCULATED AS OF [DATE]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL NUMBER OF **DIRECT CLIENT CONTACT HOURS** \_\_\_\_\_\_\_\_\_\_\_

TOTAL NUMBER OF **CLIENT CENTERED ADVOCACY** **HOURS** \_\_\_\_\_\_\_\_\_

TOTAL NUMBER OF **SUPERVISION HOURS** \_\_\_\_\_\_\_\_\_\_\_

TOTAL NUMBER OF **ALL HOURS AT AGENCY**  \_\_\_\_\_\_\_\_

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Please rate the quality of supervision you received on the following 8 tasks of supervision. Base your rating on the following scale:

5 = **Very good**; 4 = **Good**; 3 = **Satisfactory**; 2 = **Less than satisfactory**; 1 = **Poor**; N/A = **Not applicable**.

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**TASK 1: SUPERVISOR ESTABLISHING & MAINTAINING AN EFFECTIVE WORKING RELATIONSHIP**

\_\_ Conveyed clinical requirements

\_\_ Appropriately confronted the supervisee about concerns regarding clinical requirements, professional development, or other areas

\_\_ Conveyed the goals of clinical supervision

\_\_ Facilitated learning process during supervision

\_\_ Facilitated independent thinking and problem solving by the supervisee

\_\_ Maintained an attitude of confidence in the student's clinical abilities

\_\_ Maintained a positive attitude in helping the supervisee develop as a professional

\_\_ Interacted objectively with the supervisee

\_\_ Encouraged student feedback concerning the supervisory process

\_\_ Communicated at a level consistent with the supervisee's professional development

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TASK 2: ASSISTING THE SUPERVISEE IN DEVELOPING GOALS AND OBJECTIVES**

\_\_\_ Assisted in planning and prioritizing effective client goals and objectives

\_\_\_ Assisted the supervisee in planning and prioritizing effective goals and objectives for clinical and professional growth (self-supervision)

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TASK 3: ASSISTING THE SUPERVISEE IN DEVELOPING AND REFINING MANAGEMENT SKILLS**

\_\_\_ Stayed focused on providing clinical intervention when needed/required

\_\_\_ Showed sufficient knowledge of the theory for which supervision was provided

\_\_\_ Served as a resource person in supplementing the student's theoretical knowledge

\_\_\_ Provided direct suggestions for therapeutic intervention when appropriate

\_\_\_ Encouraged student-initiated strategies for therapeutic intervention

\_\_\_ Demonstrated therapeutic techniques when appropriate

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TASK 4: ASSISTING THE SUPERVISEE IN OBSERVING AND ANALYZING ASSESSMENT AND TREATMENT SESSIONS**

\_\_\_ Accurately recorded data derived from treatment sessions

\_\_\_ Assisted the supervisee in learning and executing methods of data collection

\_\_\_ Assisted in revising client treatment plans based on data obtained

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TASK 5: ASSISTING THE SUPERVISEE IN THE DEVELOPMENT AND MAINTENANCE OF CLINICAL AND SUPERVISORY RECORDS**

\_\_\_ Assisted in applying record-keeping systems to supervisory and clinical processes

\_\_\_ Assisted in organizing records to facilitate easy retrieval of information

\_\_\_ Maintained the specified standards for clinical records

\_\_\_ Returned paperwork promptly

\_\_\_ Showed evidence of having reviewed session plans, reports, etc., when appropriate

\_\_\_ Assisted the supervisee in following policies to protect confidentiality of clinical and supervisory records

\_\_\_ Shared information regarding documentation for various accrediting, regulatory, and referral agencies

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TASK 6: INTERACTING WITH THE SUPERVISEE IN PLANNING, EXECUTING AND ANALYZING SUPERVISORY SESSIONS**

\_\_\_ Held a sufficient number of supervisory sessions

\_\_\_ Allowed the supervisee sufficient opportunity to interact during the supervisory session

\_\_\_ Facilitated the supervisee's self-exploration and problem solving

\_\_\_ Adjusted input based on the supervisee's level of training and experience

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TASK 7: INTERACTING WITH THE SUPERVISEE IN EVALUATION OF CLINICAL PERFORMANCE**

\_\_\_ Identified specific clinical strengths

\_\_\_ Identified specific behaviors to be modified

\_\_\_ Provided immediate feedback of supervisee's clinical performance

\_\_\_ Evaluated clinical performance often enough

\_\_\_ Observed a sufficient number of therapy sessions

\_\_\_ Demonstrated fairness in evaluating the supervisee's performance

\_\_\_ Encouraged the supervisee's self-appraisal of her clinical behavior

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TASK 8: MODELING PROFESSIONAL CONDUCT**

\_\_\_ Maintained an appropriate responsibility to the client

\_\_\_ Provided an appropriate professional model

\_\_\_ Met and respected deadlines

\_\_\_ Demonstrated continued professional growth

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SUMMARY COMMENTS REGARDING SUPERVISOR'S STRENGTHS AND WEAKNESSES:**

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**IF THERE IS A DISPARITY BETWEEN YOUR VIEW OF THE AGENCY AND THIS SUPERVISOR, PLEASE COMMENT BELOW:**

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WOULD YOU RECOMMEND THIS **AGENCY** TO ANOTHER INTERN: \_\_\_\_\_\_\_\_\_\_\_

WOULD YOU RECOMMEND THIS **SUPERVISOR** TO ANOTHER INTERN: \_\_\_\_\_\_\_\_\_\_\_

What 3 areas would you tell the prospective intern are the agencies greatest **strengths at this site**?

1.

2.

3.

What 3 areas would you tell the prospective intern are the greatest **challenges at this site**?

1.

2.

3.

**IF YOU HAVE SPECIFIC CONCERNS ABOUT THIS AGENCY OR SUPERVISOR, HAVE YOU DISCUSSED THEM WITH THE FIELDWORK DIRECTOR OR DIRECTOR OF CLINICAL**

**TRAINING? \_\_\_\_\_\_\_\_**

**IF YES, WAS THE ISSUE RESOLVED AS BEST IT COULD BE? \_\_\_\_\_\_\_\_\_\_\_\_**

Signature of intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_