



Center for Applied Psychology

Graduate School of Applied and Professional Psychology
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FIELD SUPERVISOR'S EVALUATION

Student: _____ **Supervisor:** _____

Placement Site: _____

Period of time covered by evaluation: _____

In what capacity have you worked with this student? _____

How much time per week has been spent in supervision? _____

Caseload (Please state approximate number of patients seen and/or discussed in supervision per week; average caseload):



SUPERVISION EVALUATION CHECKLIST

	Children 1-6	Children 7-12	Adolescents 13-18	Adults	Parents
Clinical Intake and Evaluation					
Psychological Testing					
Individual Psychotherapy					
Group Therapy					
Family Therapy					
Family Diagnostics					
Community Consultation					
Other (SPECIFY)					

I. Intake and Evaluation

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>	<u>N/A</u>
History taking and background information	_____	_____	_____	_____	_____
Understanding of client's problems and psychological dynamics	_____	_____	_____	_____	_____
Presentation to team members	_____	_____	_____	_____	_____
Ability to recommend the appropriate treatment, testing and/or referral	_____	_____	_____	_____	_____

II. Psychological Testing*

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>	<u>N/A</u>
Administration/Scoring	_____	_____	_____	_____	_____
Interpretation	_____	_____	_____	_____	_____

Report Writing _____

***What specific tests has the student used:** _____

Comments (Intake and Evaluation): _____

Comments (Psychological Testing): _____

III. Therapy

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>	<u>N/A</u>
Articulation of theoretical framework	_____	_____	_____	_____	_____
Conceptualization of client's problem in a theoretical framework	_____	_____	_____	_____	_____
Establishment and maintenance of a safe, accepting atmosphere	_____	_____	_____	_____	_____
Negotiation of a clear therapeutic contract	_____	_____	_____	_____	_____
Ability to support	_____	_____	_____	_____	_____
Ability to confront	_____	_____	_____	_____	_____

Ability to elicit client's feelings	_____	_____	_____	_____	_____
Ability to set limits	_____	_____	_____	_____	_____
	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>	<u>N/A</u>
Appropriate use of therapeutic strategies	_____	_____	_____	_____	_____
Ability to terminate effectively	_____	_____	_____	_____	_____

Does the student demonstrate particular skill or difficulty in working with particular types of client's and/or modalities if intervention? Please specify.

Comments: _____

IV. Use of Supervision

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>	<u>N/A</u>
Preparation of supervision	_____	_____	_____	_____	_____
Awareness of own personality dynamics	_____	_____	_____	_____	_____
Openness to and ability to utilize feedback from supervisor	_____	_____	_____	_____	_____

Self-responsibility for professional growth

V. General Professional Issues

Poor Fair Good Excellent N/A

Overall professional appearance and behavior

Participation in conference, team meetings, etc.
(e.g. on time, contributes)

Understanding of and willingness to work within agency procedures

Reliability and ability to keep work commitments

Comments (General Professional Issues): _____

Techniques Used in Supervision (please check):

_____ worked with client together

_____ engaged in problem-solving discussions

_____ viewed live sessions

_____ regarding case

_____ viewed videotapes

_____ regarding student's own problems as they affected work with client

_____ listened to audiotapes

_____ offered feedback on student's

interpersonal skills

_____ react to case presentations

_____ offered feedback on student's personal qualities as they affect work with clients

_____ use role playing

VI. Other Areas of Supervision

We are interested in other areas that you may have supervised, such as Consultation, Research, Teaching, Supervision of others, etc. Please comment on the student's level of functioning in any of those areas:

VII. How does this student compare in the following areas with other graduate students at a comparable educational level:

Clinical Skills:

- _____ inferior
- _____ below average
- _____ average
- _____ above average
- _____ superior

Cognitive Formulation:

_____ inferior

- below average
- average
- above average
- superior

Personal Growth:

- inferior
- below average
- average
- above average
- superior

Please give descriptive and quantitative statements:

Supervisor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Thank you. Please return to Lew Gantwerk; Psy.D., Coordinator of Field Placement, G.S.A.P.P.