

Student Assessment of Clinical Supervision

Department of Psychology
Clinical Psychology Program
University of Tennessee, Knoxville

Fall Spring Summer _____ (year)

Supervisor: _____

Please evaluate the following aspects of your experience in clinical supervision.

Please rate the following on a scale of 1-7:

1 2 3 4 5 6 7
Never/Rarely Occasionally Always/Regularly

- ____ 1. Supervisor provided (and helped me develop) useful conceptual frameworks for understanding clients.
- ____ 2. Exploration of new ideas, assessment strategies, and/or therapeutic techniques was encouraged.
- ____ 3. Supervisor responded adequately to my specific questions about treatment or assessment.
- ____ 4. Supervisor attended to ethical and legal issues knowledgeably.
- ____ 5. Supervisor demonstrated own therapeutic or assessment skills through examples/case illustrations.
- ____ 6. Supervisor addressed my relative weaknesses.
- ____ 7. Exploration of personal growth issues was encouraged.
- ____ 8. Supervisor referenced/discussed research relevant to our clinical or assessment discussions.
- ____ 9. Supervisor's feedback was direct and straightforward.
- ____ 10. Practical/technical skills were taught.
- ____ 11. Mistakes were welcomed as learning experiences.
- ____ 12. Support and encouragement were frequently provided.
- ____ 13. Supervision time was used productively.
- ____ 14. Supervisor was accessible outside of regular schedule.
- ____ 15. Supervisor respected value differences between us.
- ____ 16. Supervisor acknowledged his/her own limitation.
- ____ 17. My personal time demands were respected.
- ____ 18. Readings were suggested/provided.

19. Overall, how would you describe the quality of this supervisory experience?

1 2 3 4 5 6 7
Disappointing Average Excellent

20. I would recommend this supervisor to another therapist trainee...

1 2 3 4 5 6 7
Strongly Disagree Agree Strongly Agree

Please return this form to Mary Ellen Hunsberger in 416 Austin Peay

Student Assessment of Supervision

Comment Sheet

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Clinical Psychology Program
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Supervisor: _____

Type of Supervision: **Research** **Clinical**

Year _____

Please answer the following questions.

1. What are this supervisor's special areas of competence?

2. In what areas does this supervisor seem less competent to help you?

3. How comfortable did you feel bringing difficulties/concerns to this supervisor?

4. How could this supervisor improve the quality of his/her supervision?

Please use the back of this sheet for any additional comments or to respond to additional questions.

Please return this form to Mary Ellen Hunsberger in 416 Austin Peay