

**Department Of Counselor Education  
Student Evaluation Of Site Supervisor**

This evaluation form should be completed by the practicum/internship student at the end of the practicum/internship experience. Discussion of the form with the site supervisor being evaluated is encouraged by not required.

Name of Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Site: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

**DIRECTIONS:** Circle the number which best represents how you, the student, perceive the supervision received at your site:

Key: 0 = Insufficient opportunity to observe/experience  
 1 = Needs much improvement  
 2 = Needs some improvement  
 3 = Meets expectations  
 4 = Superior

- | <u>My site supervisor:</u>  | <u>Circle One:</u> |
|---|--------------------|
| 1. gives time and energy in observing, tape processing, and case conferences.                                     | 0 1 2 3 4          |
| 2. accepts and respects me as a person  | 0 1 2 3 4          |
| 3. recognizes and encourages further development of my strengths and capabilities.                                | 0 1 2 3 4          |
| 4. gives me useful feedback when I do something well.   | 0 1 2 3 4          |
| 5. provides me the freedom to develop flexible and effective counseling styles.                                   | 0 1 2 3 4          |
| 6. encourages and listens to my ideas and suggestions for developing my counseling skills.                        | 0 1 2 3 4          |
| 7. provides suggestions for developing my counseling skills.  | 0 1 2 3 4          |
| 8. helps me to understand the implications and dynamics of the counseling approaches I use.                       | 0 1 2 3 4          |
| 9. encourages me to use new and different techniques when appropriate.  | 0 1 2 3 4          |
| 10. is spontaneous and flexible in the supervisory sessions.  | 0 1 2 3 4          |
| 11. helps me to define and achieve specific concrete goals for myself during the practicum/internship experience. | 0 1 2 3 4          |

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|--|---|---|---|---|---|
| 12. gives me useful feedback when I do something inappropriate.  | 0 | 1 | 2 | 3 | 4 |
| 13. allows me to discuss problems I encounter in my practicum/internship setting.  | 0 | 1 | 2 | 3 | 4 |
| 14. focuses on both verbal and nonverbal behavior in me and in my clients.   | 0 | 1 | 2 | 3 | 4 |
| 15. helps me define and maintain ethical behavior in counseling and case management.                                     | 0 | 1 | 2 | 3 | 4 |
| 16. encourages me to engage in professional behavior.  | 0 | 1 | 2 | 3 | 4 |
| 17. maintains confidentiality in material discussed in supervisory sessions.   | 0 | 1 | 2 | 3 | 4 |
| 18. deals with both content and affect when supervising.   | 0 | 1 | 2 | 3 | 4 |
| 19. focuses on the implications, consequences, and contingencies of of specific behaviors in counseling and supervision. | 0 | 1 | 2 | 3 | 4 |
| 20. helps me organize relevant case data in planning goals and strategies with my client.                                | 0 | 1 | 2 | 3 | 4 |
| 21. helps me to formulate a theoretically sound rationale of human behavior.   | 0 | 1 | 2 | 3 | 4 |
| 22. offers resource information when I request or need it.   | 0 | 1 | 2 | 3 | 4 |
| 23. helps me develop increased skill in critiquing and gaining insight from my counseling tapes.                         | 0 | 1 | 2 | 3 | 4 |
| 24. allows and encourages me to evaluate myself.   | 0 | 1 | 2 | 3 | 4 |
| 25. explains his/her criteria for evaluation clearly.  | 0 | 1 | 2 | 3 | 4 |
| 26. applies his/her criteria fairly in evaluating my counseling performance.   | 0 | 1 | 2 | 3 | 4 |

Additional Comments and/or Suggestions:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_