
CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Student Evaluation of Site Supervisor
***Effective Spring 2020 – Form is now an on-line survey**

Class: 530 _____ 584 _____ 590 _____ 591 _____ Spring _____ Fall _____ Sum _____

Supervisor's Name: _____

Agency: _____ Date: _____

Directions: Please rate your supervisor on the following supervisory responsibilities according to the following scale: 5 = Outstanding; 4= Very good; 3= Acceptable; 2=Poor; 1=Unacceptable; or X=Insufficient information or not applicable.

These ratings will be anonymous unless you choose to sign your name. The information from these ratings will be used to provide feedback to supervisors when appropriate to facilitate as effective supervision a possible.

| | | | | | | | |
|---|--|---|---|---|---|---|---|
| 1 | Explains his/her goals for supervision | 1 | 2 | 3 | 4 | 5 | X |
|---|--|---|---|---|---|---|---|

Comments: _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2 | Explains his/her criteria for evaluating my performance | 1 | 2 | 3 | 4 | 5 | X |
|---|---|---|---|---|---|---|---|

Comments: _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3 | Provides freedom to develop my own counseling style | 1 | 2 | 3 | 4 | 5 | X |
|---|---|---|---|---|---|---|---|

Comments: _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 4 | Helps me understand the theoretical approach I am using | 1 | 2 | 3 | 4 | 5 | X |
|---|---|---|---|---|---|---|---|

Comments: _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 5 | Helps me integrate theory and technique as needed | 1 | 2 | 3 | 4 | 5 | X |
|---|---|---|---|---|---|---|---|

Comments: _____

| | | | | | | | |
|---|--|---|---|---|---|---|---|
| 6 | Provides suggestions for improving my therapeutic skills | 1 | 2 | 3 | 4 | 5 | X |
|---|--|---|---|---|---|---|---|

Comments: _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 7 | Encourages me to experiment with different techniques | 1 | 2 | 3 | 4 | 5 | X |
|---|---|---|---|---|---|---|---|

Comments:

Student Evaluation of Site Supervisor

| | | | | | | | |
|---|--|---|---|---|---|---|---|
| 8 | Helps me develop treatment goals and plans | 1 | 2 | 3 | 4 | 5 | X |
|---|--|---|---|---|---|---|---|

Comments:

| | | | | | | | |
|---|--|---|---|---|---|---|---|
| 9 | Helps me with DSM-IV diagnosis when needed | 1 | 2 | 3 | 4 | 5 | X |
|---|--|---|---|---|---|---|---|

Comments:

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|----|--|---|---|---|---|---|---|
| 10 | Helps me understand my strengths and weaknesses as a therapist | 1 | 2 | 3 | 4 | 5 | X |
|----|--|---|---|---|---|---|---|

Comments:

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|----|--|---|---|---|---|---|---|
| 11 | Provides a comfortable setting for me to disclose my own concerns or “mistakes.” | 1 | 2 | 3 | 4 | 5 | X |
|----|--|---|---|---|---|---|---|

Comments:

| | | | | | | | |
|----|---|---|---|---|---|---|---|
| 12 | Provides feedback in a clear and concise manner | 1 | 2 | 3 | 4 | 5 | X |
|----|---|---|---|---|---|---|---|

Comments:

| | | | | | | | |
|----|--|---|---|---|---|---|---|
| 13 | Manages our supervision hour efficiently | 1 | 2 | 3 | 4 | 5 | X |
|----|--|---|---|---|---|---|---|

Comments:

| | | | | | | | |
|----|------------------------------------|---|---|---|---|---|---|
| 14 | Treats me with dignity and respect | 1 | 2 | 3 | 4 | 5 | X |
|----|------------------------------------|---|---|---|---|---|---|

Comments:

15. Overall, how would you rate your supervision so far (circle one)?

Excellent Very good Average Poor Cannot rate at this time

16. What would you like your supervisor to do more of? Please be as specific as possible.

17. What would you like your supervisor to do less of? Please be as specific as possible.

Student Evaluation of Site Supervisor

Supervisor Name _____ Agency _____

18. Listed below are a variety of supervisory techniques. Please indicate which of these you have used and if used, how helpful they were in your supervision, using a rating from 1 to 5, with 5 being extremely valuable, 3 being of average value, and 1 being of little value. For one that have not been used, please indicate whether or not you would like to try that technique, conditions permitting.

- | | | |
|-------|---|--|
| A | Verbal report of my sessions | |
| | Used: | 1 2 3 4 5 |
| | Not used: | Would like to try this Would not like to try this |
| <hr/> | | |
| B | Video-recording therapy sessions | |
| | Used: | 1 2 3 4 5 |
| | Not used: | |
| <hr/> | | |
| C | Audio-taping therapy sessions | |
| | Used: | 1 2 3 4 5 |
| | Not used: | Would like to try this Would not like to try this |
| <hr/> | | |
| D | Co-therapy with my supervisor | |
| | Used: | 1 2 3 4 5 |
| | Not used: | Would like to try this Would not like to try this |
| <hr/> | | |
| E | Observations of my session through a 1-way mirror | |
| | Used: | 1 2 3 4 5 |
| | Not used: | Would like to try this Would not like to try this |
| <hr/> | | |
| F | Supervisor present in session (observation and feedback during session) | |
| | Used: | 1 2 3 4 5 |
| | Not used: | Would like to try this Would not like to try this |
| <hr/> | | |

Are there any other comments you have concerning your supervision?