



### Student Evaluation of Site Supervisor – Community Counseling

Instructions: Please enter your information into the appropriate fields, check boxes, or item lists. Once you have entered your information, you may save the data so it will appear the next time you open the form. Choose File > Save As... Create a new name for your copy and save it on your computer.

Directions: Please indicate your level of agreement with each of the following statements regarding the site supervision that you have received by circling one of the following numbers:

- 1-2 (i.e. poor or marginal performance);
- 3-4 (adequate or average performance);
- 5-6 (good to excellent overall performance);
- NA/NO (not applicable or not observed)

Please note: Site supervision may be graded at/after midterm. This evaluation serves two purposes: 1) to provide feedback for improving supervision and 2) to encourage communication between the supervisor and the student/trainee. Please understand that the site supervisor may suggest/schedule a meeting to discuss the supervision received and/or desired.

STUDENT INFORMATION								
Student Name:					Banner ID:			
Level of Placement:								
Evaluation Period:								
CLINICAL SITE INFORMATION								
Practicum/Internship Site Name:					UTSA Code:			
Street Address:								
City:			State:		Zip Code:			
Phone:			Fax:		Specialization:			
Website Address:								
SITE SUPERVISOR INFORMATION								
Site Supervisor Name:					Title:			
Phone:								
Email:								
GENERAL SUPERVISION COMMENTS								
Evaluation Statement	Poor		Adequate		Good		NA/NO	
1. Gives time and energy in observing, tape processing, and case conferences	①	②	③	④	⑤	⑥	NA	NO
2. Accepts and respects me as a person	①	②	③	④	⑤	⑥	NA	NO
3. Recognizes and encourages further development of my strengths and capabilities	①	②	③	④	⑤	⑥	NA	NO
4. Gives me useful feedback when I do something well	①	②	③	④	⑤	⑥	NA	NO

5. Provides me the freedom to develop flexible and effective counseling styles	①	②	③	④	⑤	⑥	NA	NO
6. Encourages and listens to my ideas and suggestions for developing my counseling skills	①	②	③	④	⑤	⑥	NA	NO
7. Provides suggestions for developing my counseling skills	①	②	③	④	⑤	⑥	NA	NO
8. Helps me understand the implications and dynamics of the counseling approaches I use	①	②	③	④	⑤	⑥	NA	NO
9. Encourages me to use new and different techniques when appropriate	①	②	③	④	⑤	⑥	NA	NO
10. Is spontaneous and flexible in the supervisory sessions	①	②	③	④	⑤	⑥	NA	NO
11. Helps me define and achieve specific concrete goals for myself during my practicum/internship experience	①	②	③	④	⑤	⑥	NA	NO
12. Gives me useful feedback when I do something wrong	①	②	③	④	⑤	⑥	NA	NO
13. Allows me to discuss problems I encounter in my practicum/internship setting	①	②	③	④	⑤	⑥	NA	NO
14. Pays equal amount of attention to both me and my clients	①	②	③	④	⑤	⑥	NA	NO
15. Focuses on both verbal and nonverbal behavior in me and in my clients	①	②	③	④	⑤	⑥	NA	NO
16. Helps me define and maintain ethical behavior in counseling and case management	①	②	③	④	⑤	⑥	NA	NO
17. Encourages me to engage in professional behavior	①	②	③	④	⑤	⑥	NA	NO
18. Maintains confidentiality in material discussed in supervisory sessions	①	②	③	④	⑤	⑥	NA	NO
19. Deals with both content and process when supervising	①	②	③	④	⑤	⑥	NA	NO
20. Focuses on the implications, consequences, and contingencies of specific behaviors in counseling and supervision	①	②	③	④	⑤	⑥	NA	NO
21. Helps me organize relevant case data in planning goals and strategies with my client	①	②	③	④	⑤	⑥	NA	NO
22. Helps me formulate a theoretically sound rationale of human behavior	①	②	③	④	⑤	⑥	NA	NO
23. Offers resource information when I request or need it	①	②	③	④	⑤	⑥	NA	NO
24. Helps me develop increased skill in critiquing and gaining insight from my counseling tapes	①	②	③	④	⑤	⑥	NA	NO
25. Allows and encourages me to evaluate myself	①	②	③	④	⑤	⑥	NA	NO
26. Explains criteria for evaluation clearly and in behavioral terms	①	②	③	④	⑤	⑥	NA	NO
27. Evaluates my counseling performance fairly	①	②	③	④	⑤	⑥	NA	NO
<b>Subtotals</b>								
<b>Total</b>								
<b>ADDITIONAL COMMENTS AND/OR SUGGESTIONS</b>								

<b>SIGNATURES</b>		
Student Signature	Printed Name	Date