Supervisee evaluation of supervision

Supervisee _____   **Today's Date** _____

Supervisor _____   **Date Started** _____

Your evaluation of your supervision helps me to provide the best supervision experience possible. While your evaluation is not anonymous, I am committed to receiving your feedback well and acting upon it professionally. Your evaluation may be shared among supervisors and site administrators, but it will not be shared with other clinicians without your permission. We may share or publish aggregated data on supervision provided over time by multiple supervisees.

Please consider each of the following questions independently, using the following scale:
4: Strongly agree   3: Agree   2: Disagree   1: Strongly disagree   N/A: Not applicable

____ I understand what is expected of me.
____ I have improved as a therapist through my work here.
____ I feel I have the appropriate tools and support available here.
____ I know what to do when I need a supervisor urgently, such as when a client is in crisis.
____ The supervision I receive is sufficient in both quantity and quality.
____ My supervisor is supportive of my growth as a professional therapist.
____ My supervisor creates an inclusive, collaborative environment.
____ My supervisor handles group dynamics in supervision well.
____ My supervisor is knowledgeable about legal and ethical issues.
____ My supervisor is knowledgeable about clinical treatment issues.
____ My supervisor helps me engage in deliberate and theory-based treatment planning.
____ My supervisor helps keep me informed of changes in the profession.
____ My supervisor is responsive to feedback and suggestions.
____ My supervisor interacts with me with respect, kindness, and professionalism.
____ My supervisor is available to me when needed.
____ Overall, I am satisfied with the supervision I am receiving.

Comments on any of the above questions (continue on reverse if necessary):

Suggestions for future supervision topics or other areas of growth (continue on reverse if necessary):

Signature _____ Date _____

This form is available for download at bencaldwelllabs.com/supervision

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