

**STUDENT EVALUATION OF SUPERVISOR  
ARGOSY UNIVERSITY/SFBA**

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

Site Name: \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of Placement: From \_\_\_\_\_ To \_\_\_\_\_

Enter the appropriate number next to each statement using the following scale:

**RATING SCALE:** 1=Strongly Agree 2=Agree 3=Mildly Agree 4= Mildly Disagree 5=Disagree 6=Strongly Disagree

**TIME/STRUCTURE**

1. \_\_\_\_\_ Helps me define and structure the goals and objective for may overall practicum experience.
2. \_\_\_\_\_ Is consistent in providing the agreed-upon supervision time.
3. \_\_\_\_\_ Availability (or has provided appropriate back-up resources) for consultation between supervision Sessions, if needed.
4. \_\_\_\_\_ Gives time and energy to observing me and/or processing my tapes.
5. \_\_\_\_\_ Structures supervision appropriately.

**SUPERVISORY RELATIONSHIP**

6. \_\_\_\_\_ Helps me minimize defensiveness and feel appropriately at ease in the supervision sessions.
7. \_\_\_\_\_ Accepts and respects me as a person.
8. \_\_\_\_\_ Recognizes when I do something well and encourages the development of my strengths and capabilities.
9. \_\_\_\_\_ Encourages me to express opinions, questions and concerns about my counseling.
10. \_\_\_\_\_ Allows me to discuss appropriate personal issues related to my counseling.
11. \_\_\_\_\_ Allows me to discuss problems I encounter in my practicum setting.
12. \_\_\_\_\_ Conveys competence.
13. \_\_\_\_\_ Maintains appropriate confidentiality about material discussed in supervisory sessions.
14. \_\_\_\_\_ Accepts feedback from me about the supervisory process.

**COUNSELING AND RELATED SKILLS**

15. \_\_\_\_\_ Provides me with the opportunity to adequately discuss any major difficulties I am facing with my clients.
16. \_\_\_\_\_ Challenges me to accurately perceive the thoughts, feelings, and goals of my client and myself during counseling.

17. \_\_\_\_\_ Helps me to understand the implications and dynamics of the counseling approaches I use.
18. \_\_\_\_\_ Encourages and helps me to conceptualize in new ways about my clients.
19. \_\_\_\_\_ Encourages me to consider and use new and different counseling techniques when appropriate.
20. \_\_\_\_\_ Helps me organize relevant case data in planning goals and strategies with my clients.
21. \_\_\_\_\_ Gives me useful feedback regarding my counseling skills.
22. \_\_\_\_\_ Helps me define and maintain ethical behavior in counseling and case management.
23. \_\_\_\_\_ Helps me understand how my counseling behavior influences the client.
24. \_\_\_\_\_ Provides suggestions and specific help in the areas I need to work on.
25. \_\_\_\_\_ Helps me develop increased skill in critiquing and gaining insight from my counseling tapes.
26. \_\_\_\_\_ Is helpful in critiquing report-writing
27. \_\_\_\_\_ Helps me use tests constructively in counseling.
28. \_\_\_\_\_ Helps me with resource and referral ideas/information.
29. \_\_\_\_\_ Encourages me to engage in professional behavior.
30. \_\_\_\_\_ Addresses issues relevant to my current concerns as a counselor.

## EVALUATION

31. \_\_\_\_\_ Allows and encourages me to evaluate myself.
32. \_\_\_\_\_ Explains the criteria for evaluation clearly and in behavioral terms.
33. \_\_\_\_\_ Applies criteria fairly in evaluating my counseling performance.

## ADDITIONAL COMMENTS AND/OR SUGGESTIONS:

### SIGNATURE

Student \_\_\_\_\_ Date: \_\_\_\_\_

