

Clinical Supervision Evaluation Form

Name of Supervisor: _____ Department: _____

Period of Evaluation: (1st May 2024 to 30th Sep 2024)

Please rate the following on a scale of 1-7:

1	2	3	4	5	6	7
Never/Rarely			Occasionally			Always/Regularly

DIRECTIONS: Please take a moment to evaluate the clinical supervision using the rating scale below. Any score of a “1” or “7” must be accompanied by an explanation. If you are unable to judge due to insufficient contact, please check **CJ (Cannot Judge)**.

S.#	PROFESSIONAL ATTITUDES	Scoring	
		Rating	Remarks
1	Supervisor provided (and helped me develop) useful conceptual frameworks for understanding clients.		
2	Exploration of new ideas, assessment strategies, and/or therapeutic techniques was encouraged.		
3	Supervisor responded adequately to my specific questions about treatment or assessment		
4	Supervisor attended to ethical and legal issues knowledgeably.		
5	Supervisor demonstrated own therapeutic or assessment skills through examples/case illustrations		
6	Supervisor addressed my relative weaknesses.		
7	Exploration of personal growth issues was encouraged		
8	Supervisor referenced/discussed research relevant to our clinical or assessment discussions		
9	Supervisor’s feedback was direct and straightforward		
10	Practical/technical skills were taught.		
11	Mistakes were welcomed as learning experiences		
12	Support and encouragement were frequently provided		
13	Supervision time was used productively		
14	Supervisor was accessible outside of regular schedule		

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15	Supervisor respected value differences between us.		
16	Supervisor acknowledged his/her own limitation		
17	My personal time demands were respected.		
18	Readings were suggested/provided		

19. Overall, how would you describe the quality of this supervisory experience?

1	2	3	4	5	6	7
Disappointing			Average			Excellent

20. I would recommend this supervisor to another Post Graduate Resident

1	2	3	4	5	6	7
Strongly Disagree			Average			Strongly Agree

Comment Sheet

Supervisor: _____ **Year** _____

Type of Supervision:	Research	<input type="checkbox"/>	Clinical	<input type="checkbox"/>	
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Please answer the following questions.

1. What are this supervisor's special areas of competence?

2. In what areas does this supervisor seem less competent to help you?

3. How comfortable did you feel bringing difficulties/concerns to this supervisor?

4. How could this supervisor improve the quality of his/her supervision?
