

**Texas Tech University  
College of Education/Counselor Education  
Site Supervisor Evaluation**

**Directions: This form is completed by the student.**

Site Supervisor's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Site Address \_\_\_\_\_

Students please use this form to evaluate your clinical supervision experiences. Circle one number to the right of each item to indicate how you perceived your experience with your site supervisor. The ratings range from (1) Disagree Strongly to (5) Agree Strongly.

<i>Disagree Strongly</i> 1	<i>Disagree</i> 2	<i>Agree</i> 3	<i>Agree Strongly</i> 4	<i>Not Sure</i> NS
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**The Supervisor:**

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|--|---|---|---|---|----|
| 1. Conveyed acceptance and respect.  | 1 | 2 | 3 | 4 | NS |
| 2. Recognized and encouraged further development of my strengths.                                  | 1 | 2 | 3 | 4 | NS |
| 3. Helped me gain knowledge and insight about agency policies.                                     | 1 | 2 | 3 | 4 | NS |
| 4. Helped me gain knowledge and insight on referral processes.                                     | 1 | 2 | 3 | 4 | NS |
| 5. Helped me to be more proficient in formulating treatment plans,<br>progress notes, and reports. | 1 | 2 | 3 | 4 | NS |
| 6. Gave me useful feedback when I did something well.  | 1 | 2 | 3 | 4 | NS |
| 7. Gave me useful feedback when my performance was not<br>satisfactory.                            | 1 | 2 | 3 | 4 | NS |
| 8. Helped me to develop more effective counseling skills.  | 1 | 2 | 3 | 4 | NS |
| 9. Helped me use assessment instruments effectively.   | 1 | 2 | 3 | 4 | NS |
| 10. Helped me understand the implications and dynamics of the<br>counseling approaches I used.     | 1 | 2 | 3 | 4 | NS |
| 11. Helped me organize relevant case data in planning goals and<br>strategies for my clients.      | 1 | 2 | 3 | 4 | NS |

