John F. Kennedy University
An Affiliate of the National University System

PsyD Form

Trainee Evaluation of Clinical Supervisor

Academic Year _____ ☐ Practicum II ☐ Practicum III ☐ Predoctoral Internship

Trainee Name _____ ID # _____

Training Site _____

Supervisor _____

Please use the following scale to evaluate your primay clinical supervisor. If your evaluation is 1 or 2 in any section, please elaborate in the "Comments" section. You may also use the "Comments" section for any additional information you wish to provide.

1 = unacceptable 2 = below expectations 3 = meets expectations 4 = above expectations 5 = outstanding

1. Supervision addressed both process and content	○ 1	○ 2	○ 3	○ 4	○ 5
2. Clarity of feedback	○ 1	○ 2	○ 3	○ 4	○ 5
3. Supervisor availability for scheduled meetings	○ 1	○ 2	○ 3	○ 4	○ 5
4. Supervisor availability outside of scheduled meetings	○ 1	○ 2	○ 3	○ 4	○ 5
5. Supervisor's knowledge of diversity issues as it pertains to client population.	○ 1	○ 2	○ 3	○ 4	○ 5
6. Supervisor's ability to provide instruction in theoretical orientation and application of theory to clinical work	○ 1	○ 2	○ 3	○ 4	○ 5
Overall Rating of Supervision Experience	○ 1	○ 2	○ 3	○ 4	○ 5

Comments:

_____

_____

_____

_____

_____

Trainee's Signature: _____ **Date:** _____

☐ I authorize the Training Department of the PsyD Program to share this evaluation with other students.

(please check and complete if appropriate)

☐ I am willing to speak with other trainees about my experience at this site and can be reached at one of the following:

phone number _____ **OR** email address _____