AGENCY EVALUATION OF MA PSYCHOLOGY TRAINEE

Date __________________ Name of Trainee ____________________________ 
Name of Agency ____________________________________________________

This graduate student trainee has completed a total of ____ hours of clinical experience and a total of ____ hours of supervision at the above agency from ____/____/___ to ____/____/___

How many of these hours were direct face-to-face contact with clients that were supervised by a licensed clinician (meeting BBS requirements)? ________

Please check the activities in which the trainee has had supervised experience at your agency:

___ Intake interviewing
___ Mental status evaluation
___ Psychosocial history
___ Current DSM
___ Formulating a preliminary diagnosis
___ Development of treatment plans
___ Psychological assessment
___ Crisis intervention
___ Individual counseling using a variety of approaches
___ Marital counseling
___ Family counseling
___ Group counseling
___ Progress notes and record-keeping
___ Termination and follow-up of clients
___ Professional attitude
___ Respect for differences
___ Ethical and legal codes
___ Licensing laws
___ Agency policies
___ Agency programs
___ Program development
___ Program evaluation
___ Grant-writing
___ Preventive interventions
___ Training paraprofessionals
___ Community advocacy
___ Consultations
___ Community resources and referrals

1. How well was the trainee able to seek and accept supervision?
   ___ Very effectively
   ___ Satisfactory
   ___ Below Average

2. How responsible and reliable is this trainee in meeting the requirements and obligations of the agency (i.e. attends required meetings, finishes required work on time, punctual for appointments, completes paperwork)?
   ___ Very responsible and reliable
   ___ Average
   ___ Below average

3. How effectively does this trainee work with the agency’s client population?
   ___ Very effectively
   ___ Satisfactory
   ___ Below average

4. How effectively does this trainee work with the agency’s personnel?
   ___ Very effectively
   ___ Satisfactory
   ___ Below average

5. How would you rate this trainee’s potential as a future psychotherapist?
   ___ Potentially superior
   ___ Potentially adequate
   ___ Ineffective

6. Please briefly describe and evaluate this trainee’s strengths and weaknesses below:

Supervisor’s signature __________________________ Degree and License Number __________________________

For the Trainee: I have reviewed this evaluation with my supervisor.
Trainee’s signature __________________________ Date __________________________