TRAINEE EVALUATION OF SUPERVISED EXPERIENCE

Date __________ Name of Trainee ____________________________

Name of Agency ____________________________

Agency Telephone ____________________________

Name of Supervisor ____________________________

Title and License of Supervisor ____________________________

Please rate the agency and your supervisor according to the following scale:

4 = Outstanding 3 = Good 2 = Fair 1 = Poor NA

THE AGENCY

____ Overall agency operation
____ Overall agency administration
____ Agency structure and policies
____ Agency policies on liability management
____ Agency policies on confidentiality of records
____ Engagement of trainee in professional rather than nonprofessional activities

YOUR SUPERVISOR

____ Availability
____ Responsibility and reliability (i.e. keeping appointments)
____ Ability to communicate in a non-defensive way with you
____ Communication of agency’s policies
____ Communication of applicable ethical and legal codes
____ Professional orientation
____ Processing of professional issues

Additional comments: ____________________________________________

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