

Supervision Session Evaluation Form

Supervisee: _____ Date: _____

Part A (To be completed shortly after supervision session)

1. What stands out to you about our last supervision? Thoughts, feelings, insights?

2. On a 10 point scale, how would you rate the following items: (a to d)

<u>Not at all</u> <u>Much</u>		<u>A little bit</u>		<u>Moderately</u>		<u>Much</u>		<u>Very</u>
1	2	3	4	5	6	7	8	9
	10							

a) Helpfulness/effectiveness of supervisor: _____

- What was helpful?

- What was not helpful?

b) How connected you felt to your supervisor: _____

c) How engaged/involved you felt with the topics being discussed: _____

d) How present you were in the supervision: _____

3. What would have made the supervision more helpful or a better experience?

4. What issues came up for you in the supervision that are similar to your daily life problems?

5. What risks did you take in supervision?

Part B (to be completed just prior to the next supervision session)

1. What were the high and low points of your clinical work this week? _____

2. What items, issues, challenges or positive changes do you want to put on the agenda for our next supervision? _____

3. How open were you in answering the above questions? (0 to 100%) _____

4. Anything else you'd like to add? _____
