#### **Default Question Block**

#### Florida Institute of Technology Graduate Program in Clinical Psychology Student Evaluation of Practicum Supervision

Please choose your rating for the items below. Rate Your supervisor and the items based upon the provisions stipulated in your practicum contract. Your feedback is critical in the continued development and improvement of the practicum experience. Thank you for your time and feedback.

| Practicum Name:       | management of the Process                  | etiti kana ike - Ker        | garantan e tre ee te |   | o e e e e e e e e e e e e e e e e e e e |  |      |    |  |  |    |
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| Semester:             |  |                             |                      |   |   |  |      |    |  |  |    |
|                       |  |                             |                      |   |   |  |      |    | ***************************************          |  |    |
| Practicum Supervisor: |  |                             |                      |   |   |  |      |    |  |  |    |
|                       |  |                             |                      |   |   | and the second s |      |    |  |  |    |
| Number of Supervisee  | es in yc                                   | our gro                     | oup                  |   |   |  |      |    |  |  |    |
|                       | 0 3  | 6                           | 9                    | 12  | ! 1                                     | 5  | 18 2 | 21 | 24 2   | 27 3   | 30 |
| total                 |  |                             |                      | den sale about sale pade production of the sale about |   | AND  |      |    | 1/2 A. B. C. | To the state of th |    |

| a | е | n | d | е | r |
|---|---|---|---|---|---|
|   |   |   |   |   |   |

- Male
- Female

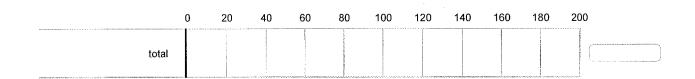
Number of years in graduate training:



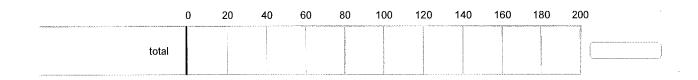
Total number of credits for which you registered for this practicum.



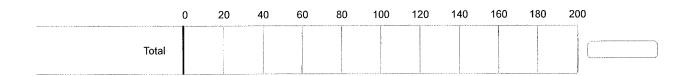
Total # on-site practicum hours this semester:



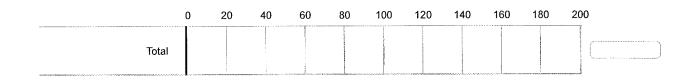
Total # of face-to-face individual supervision hours this semester:



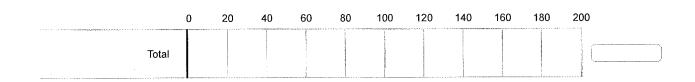
Total # of assessment hours this semester:



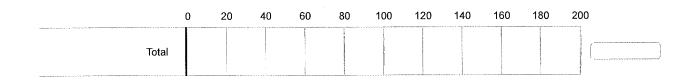
Total # of hours of consultation with other providers at this site this semester:



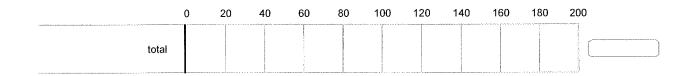
Total # of hours of professional office work--e.g. charting, returning phone calls, requesting records, etc. this semester



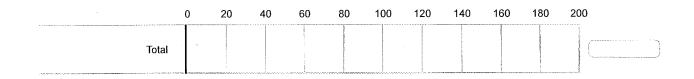
Total # of hours of staff office work--e.g. scheduling patients, transcribing work of other professional staff, etc. this semester:



#### Total # face to face intervention hours this semester:



## Total # of group supervision hours this semester:



## Logistics:

|  | n/a | never/not<br>always  | rarely | sometimes | usually | always |
|--|-----|--|--------|-----------|---------|--------|
| Was time was set aside exclusively for supervision?  | 0   | 6  | 0      | 0         | 8       | 0      |
| Was your supervisor conscientious about being punctual?  |     | 8  | 0      | 0         | •       | Ð      |
| 3. Was your supervisor conscientious about keeping appointments?                                 | (9) | r de la companya del companya de la companya del companya de la co | 8      | 0         | 0       | •      |
| Was your supervisor accessible for case consultation outside of regularly scheduled supervision? | €.> | 8  | •      | Ð         | . Ø     | 6      |

## B. Interpersonal Factors

|  | n/a | never/ not<br>always | rarely  | sometimes | usually  | always |
|--|-----|----------------------|---------|-----------|----------|--------|
| 5. Did your supervisor<br>demonstrate good interpersonal<br>skills during your contact with<br>him/her | 6   | <b>*</b>             | <b></b> | O         | 6        | •      |
| 6. In your opinion was your supervisor interested in your supervision?                                 | 0   |                      | •       | 6         | <b>©</b> | •      |
| 7. Was your supervisor tolerant of any value differences between the two of you and of your clients?   | 0   | 0                    | 6       | <b>9</b>  | <b>©</b> | *      |

# C.Skill Development

|  | n/a | never/ not<br>always | rarely   | sometimes   | usually  | always   |
|--|-----|----------------------|----------|-------------|----------|----------|
| 8. Did your supervisor clearly communicate his/her expectations and goals for practicum from the onset?  | •   | 0                    | 0        | ₩           | 0        | *        |
| 9. Were practical skills taught in supervision?  | 8   | 0                    | 0        | 6           | •        | Ø        |
| 10. Did your supervisor contribute to an increase in your skill as a therapist?  | •   | 8                    | <b>®</b> | 0           | •        | ٥        |
| 11. Was exploration of new therapeutic techniques encouraged?  | •   | •                    | 9        | •           | •        | <b>©</b> |
| 12. Did you receive adequate assistance in the handling of your cases, i.e., demonstration of role playing, specific suggestions and instructions? | ₩   | 0                    | •        | Ö           | 6        | *        |
| 13. Has your supervisor contributed to your case conceptualization skills?   | 6   | ©                    | <b></b>  | 0           | 0        | 6        |
| 14. Did your supervisor suggest appropriate readings from the research literature?   | 6   | 8                    | ٥        | <b>©</b>    | <b>©</b> | •        |
| 15. Did your supervisor assist you in the evaluation and measurement of client response to treatment?  | ٥   | 6                    | 8        | <b>(</b> () | <b></b>  | 8        |

## D. Feedback

|   | n/a      | never/ not<br>always | rarely   | sometimes | usually | always   |
|---|----------|----------------------|----------|-----------|---------|----------|
| 16. Was your supervision successful in helping you assess your own strength?                            | 6        | 6                    | <b>®</b> | <b>©</b>  | 6       | ð        |
| 17. Was your supervision successful in helping you assess your own weaknesses?                          | <br>     | <b>©</b>             | •        | 0         | 0       | 8        |
| 18. Did your supervisor establish a climate in which therapeutic errors could be comfortably discussed? | •        | *                    | <b>©</b> | •         | ð       | 0        |
| 19. Was your supervisor able to give you negative feedback in a constructive manner?                    | <b>©</b> | •                    | 8        | <b>Ø</b>  | 0       | <b>@</b> |
| 20. Did you receive adequate feedback on your assessment skills?  | 0        | •                    | ٥        | •         | ٥       | · 🐞      |
| 21. Was your supervisor open to feedback from the students?   | 6        |                      | 0        | •         | Ø       | 0        |
| 22. Was feedback straight forward?  | •        | 9                    | 9        | <b>©</b>  | 9       | 0        |

# E. Personal and Professional Growth

|   | n/a | never/ not<br>always | rarely   | sometimes | usually    | always   |
|---|-----|----------------------|----------|-----------|------------|----------|
| 23. Was your supervisor emotionally supportive of you as a therapist?                             | 0   | 6                    | ***      | Ø         | 6          | 0        |
| 24. Were praise and encouragement provided?   | •   | 6                    | 9        | 0         | 6          | 0        |
| 25. Did your supervisor facilitate an increase in your self-confidence as a clinician?            | 6   | 0                    | <b>Ø</b> | 6         | 0          | •        |
| 26. Did your supervisor encourage your exploration of personal growth?                            | , © | 0                    | <b>@</b> | 6         | . 😂        | 6        |
| 27. Did your supervisor contribute to your professional growth?                                   | 6   | 9                    | <b>②</b> | •         | 8          | <b>©</b> |
| 28. Was your supervisor a good role model?  | •   | 0                    | 9        | 0         | 6          | Ð        |
| 29. Was your supervisor appropriately matched to your current level of experience as a therapist? | 0   | 8                    | <b>©</b> | •         | <b>(</b> ) | •        |

#### F. Conclusion

|   | n/a | never/ not<br>always | rarely | sometimes | usually | always   |
|---|-----|----------------------|--------|-----------|---------|----------|
| 30. Did you look forward to your supervision?                             | Ø   | <b>®</b>             | Ö      | Ø         | 6       | 8        |
| 31. Would you recommend this supervisor to another student?               | 0   | 0                    | 8      | •         | 6       | <b>©</b> |
| 32. How would rate the overall quality of your supervision this semester? | 0   | 0                    | 0      | <b>*</b>  | 8       | <b>Ø</b> |

| 33. W | /hat aspect of sup | ervision was mo  | st meaningful to | you? |  |
|-------|--------------------|------------------|------------------|------|--|
|       |                    |                  |                  |      |  |
| [     |                    |                  |                  |      |  |
| 34. W | hat suggestions d  | o you have to im | prove supervisi  | on?  |  |
|       |                    |                  |                  |      |  |
|       |                    |                  |                  |      |  |

35. At what Level as a psychologist do you perceive yourself?

- "Anxious and Excited" (Novice)
- "Dependency & Identification with the supervisor"
- "Active Growth with Continued but Less Dependency"
- "Exuberance and Taking Charge"
- "Professional Identity & Independence"
- "Stability &Collegiality" (Firmly established professional identity)

36. What is your perception of your supervisor's theoretical orientation (psychodynamic, behavioral, etc.)

| rvey Software                       | https://fitpsych.co1.qualtrics.com/ControlPanel/Ajax.ph  |
|-------------------------------------|--|
|                                     |  |
|                                     |  |
|                                     | d (if any) as a result of your contact with this supervisor desensitization, specific assessment techniques, |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
| Any Comments or Additional Inf      | formation You Feel is Pertinent to This Evaluation:  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
| Thank you for your time. We are     | interested in improving the quality of our survey, and you   |
|                                     |  |
| reedback is always neiptul. Is ther | re anything we can do to improve this survey?  |
| •                                   | re anything we can do to improve this survey?  |
| •                                   |  |