

PACIFICA GRADUATE INSTITUTE

CUMULATIVE - CLINICAL SUPERVISOR'S REPORT
(COMPLETED AT CONCLUSION OF PRACTICUM)

Please type or print legibly.

MA-C MA-D MA-L

Student's Name _____ Dates _____ to _____

Site _____ Supervisor's Name _____

Please comment on the following:

1. The student's ability to utilize your supervision, including level of openness, non-defensiveness, preparation, focus, flexibility, and self-awareness.

2. The student's clinical strengths.

3. Areas needing further development.

4. Recommendations to enhance the trainee's future professional development?

5. **Approximate number of total hours of supervised experience at this site during the entire traineeship:** _____

Of these, how many hours did the student spend in face-to-face contact with clients? _____
In supervision with you? _____ As required, has the student provided a minimum of 6 sessions to individual clients during this traineeship? Yes No If not, please indicate the number of clients and sessions: _____

Supervisor's Signature Date License Number

PLEASE RETURN ORIGINAL FORM TO:

MA-L Track: Director of Clinical Training, Willow Young, M.A., M.F.T. Phone: 805-879-7321
MA-C & MA-D Tracks: Clinical Coordinator, Martha Feng, M.A., M.F.T. Phone: 805-879-7333

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