

PACIFICA GRADUATE INSTITUTE
QUARTERLY CLINICAL SUPERVISOR'S EVALUATION

Please type or print legibly.

MA-C MA-D MA-L

Student's Name _____ Dates _____ to _____

Site _____ Supervisor's Name _____

Please rate the student's skills in the following areas:

CLINICAL SKILLS	Poor	Fair	Average	Good	Excellent
1) Ability to establish a therapeutic relationship					
2) Ability to identify and reflect feelings, deepen process					
3) Skills in diagnosis and assessment					
4) Treatment planning skills					
5) Ability to give and receive constructive feedback					
6) Knowledge of legal and ethical issues					
7) Ability to identify and work from a particular model (e.g. psycho-dynamic, systems, etc.)					
8) Ability to carry out assigned duties					

Please comment on the following:

1. The student's ability to utilize your supervision.

2. The student's clinical strengths.

3. Areas which need further development.

4. Does the trainee appear comfortable/qualified in the traineeship (i.e., does the student possess the skills necessary to work effectively in this particular traineeship setting?). Please explain.

Total hours of supervised experience at this site during this time period: _____

Of these, how many hours did the student spend in face-to-face contact with clients? _____

In supervision with you? _____

Please indicate the student's progress in completing the individual psychotherapy requirement, i.e., providing individual psychotherapy to a minimum of 6 clients for a minimum of 6 sessions each, since the commencement of the traineeship. Requirement must be met by conclusion of the entire traineeship.

- Yes. Student has met this requirement.
 No. Student has not completed this requirement.

Supervisor's Signature _____

Date _____

License Number _____

PLEASE RETURN ORIGINAL FORM TO: Counseling Psychology Traineeship Office
 Pacifica Graduate Institute • 249 Lambert Road • Carpinteria, California 93013 805-695-0555 ext. 21