

***FINAL SUPERVISOR EVALUATION FORM***  
*(To be completed by resident and discussed with supervisor)*

Supervisor Name:	Date:
Resident Name:	
This Evaluation Covers a Period From: _____ To: _____	

<b>SUPERVISOR PERFORMANCE FACTORS</b>	Below Standards	Meets Standards	Exceeds Standards	Outstanding
• Investment in the supervision process: kept appointments on time				
• Investment in the supervision process: expressed interest in resident; eager to help resident benefit from supervision				
• Availability/approachability outside of supervision				
• Advocacy for resident				
• Respected privacy in relationship with resident				
• Receptive to constructive feedback about supervision				
• Ability to formulated realistic supervision goals				
• Able to provide focused therapy				
• Ability to conceptualize clinical/assessment issues and to enhance understanding of the therapy/consultation process				
• Ability to assist in the formulation of realistic treatment goals/assessment recommendations				
• Ability to give feedback				
• Sensitive to resident's feelings/reactions to the case				
• Responsiveness to resident's training needs/goals				
• Attention to professional and ethical issues				
• Exploration of professional identity issues				
• Overall rating of supervision				

**Other/Comments:**

**Major Strengths:**

**Recommendations for future supervision:**

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please keep the above completed Supervisor Evaluation for your records.***

-----X-----X-----X-----

***SUPERVISION EVALUATION ATTESTATION***

**We hereby attest that we have completed and reviewed the Supervisor  
Evaluation form on \_\_\_\_\_ (date).**

**Resident Signature \_\_\_\_\_**

**Supervisor Signature \_\_\_\_\_**

**Residents: please submit this attestation only via the Licensee Portal**