

**TRAINING SITE FEEDBACK**

Info	Institution / Organization Name	Clinic Name (Dept/Service/Unit)	Other (Rotation/Setting)

Rate the degree to which your expectations about the TRAINING SITE experience were met.									
Evaluation of Training Site Experiences		Inadequate 5%	Below Average 15%	Average 30%	Very Good 30%	Excellent 15%	Exceptional 5%	Cannot Judge	
	1) Test Administration								
	2) Interviewing								
	3) Test Interpretation								
	4) Report Writing								
	5) Individual Psychodynamic Therapy								
	6) Individual CBT Therapy								
	7) Other Individual Therapy								
	8) Group Therapy								
	9) Family or Couple Therapy								
	10) Communicating Findings to other Professionals								
	11) Supervision								
	12) Research								
	13) Sensitivity / Skill with Diversity								
	14) Involvement in Supervision of Junior Student Trainees								
15) Overall Amount Learned from Participating in this Training Site									

Training Site Feedback	Explain Ratings	(Additional information and explanation of ratings.)
	Strengths	(Strengths of the training site.)
	Weaknesses & Potential Growth Areas	(Constructive feedback about potential growth areas to improve training experience.)

Site Rating	Rate your overall training experience of the TRAINING SITE in terms of fostering your professional development and meeting your career needs.					
	Inadequate	Below Average	Average	Very Good	Excellent	Exceptional

Either write name in PENCIL or hand-in IN PERSON to get credit for completing.  
All identifying information will be removed. Do not include dates on this form.

# CLINICAL SUPERVISOR FEEDBACK

(Print this page as often as needed if you have more than one primary supervisor.)

Info	Clinical Supervisor Name	Institution / Organization Name	Clinic Name (Dept/Service/Unit)

**Kindly provide a profile of your PRIMARY SUPERVISOR. Use previous professional supervisors and instructors as a basis for comparison.**

		No / Never Insufficient Inappropriate		Always Appropriate Great Deal		Cannot Judge	
		1	2	3	4		5
		Evaluation of Primary Supervisor	1) Professional Attitude				
2) Provides Realistic Workload							
3) Provides Feedback on Student Performance							
4) Monitors Student Activities							
5) Monitors Case Outside Supervisor Group (watch session, watch DVD, listen to tape)							
6) Provides Adequate Monitoring so Supervisor Understands Case and Advises Appropriately							
7) Keeps Appointments							
8) Holds Supervision Regularly							
9) Clinical Knowledge							
10) Conceptualizes Needs of Case							
11) Role Model							
12) Value of Supervision Meetings							
13) Provides Opportunity to Participate in Clinical Planning							
14) Encourages Participation by All Students							
15) Encourages Expression of Differences of Opinion							
16) Guides Discussion without Monopolizing							
17) Available for Necessary Consultation Outside							
18) Familiar within Orientation with Range of Treatment Techniques							
19) Aware of Appropriate Treatment Models							
20) Makes Expectations for Student Contribution to Supervision Clear							
21) Sets Appropriate Criteria for Evaluation of Student Performance							
22) Discussion Relevant & Germane to Topic							
23) Level / Quality of Discussion Appropriate for Graduate Supervision							
24) Criticism Given in Context of Feedback is Constructive & Helpful							
25) Gives Appropriate Supplementary Reading if Needed							
26) Overall Amount Learned from Participating in this Therapy / Supervision							
27) Overall Rating of Course Component as Given by this Supervisor							

Supervisor Feedback	(Additional information and explanation of ratings. Strengths of primary supervisor. Constructive feedback about potential growth areas to improve training experience.)

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**HARDCOPY ONLY to:**  
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