



**COUNSELOR TRAINEE EVALUATION OF SUPERVISOR**  
(Due at the end of each semester; for internal ATS use only)

Name of Counselor Trainee: \_\_\_\_\_

Name of Site Supervisor: \_\_\_\_\_

License/Certification of Site Supervisor: \_\_\_\_\_

Practicum

Internship

Dates Covered: \_\_\_\_\_ to \_\_\_\_\_

*Circle* the number that best represents how you (the C.T.) feel about the supervision you received.

In doing so, use the rating scale where **1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree,**

**5 = Strongly agree** (and **NO = No opportunity** to assess). Your responses are for internal ATS use only and will not be shared with your supervisor or site.

		SD	D	N	A	SA	NO
1.	I feel safe with, and supported by, my supervisor.	1	2	3	4	5	NO
2.	My supervisor accepts and respects me as a person.	1	2	3	4	5	NO
3.	My supervisor acknowledges my strengths & abilities.	1	2	3	4	5	NO
4.	My supervisor is sensitive to my need for guidance.	1	2	3	4	5	NO
5.	My supervisor provides an adequate level of direction.	1	2	3	4	5	NO
6.	My supervisor is available when needed.	1	2	3	4	5	NO
7.	My supervisor provides good suggestions.	1	2	3	4	5	NO
8.	My supervisor gives me useful and helpful feedback.	1	2	3	4	5	NO
9.	My supervisor is a good communicator.	1	2	3	4	5	NO
10.	My supervisor is multiculturally competent.	1	2	3	4	5	NO
11.	My supervisor balances challenge with support.	1	2	3	4	5	NO
12.	My supervisor helps me set and achieve specific goals.	1	2	3	4	5	NO
13.	My supervisor encourages discussion of my concerns.	1	2	3	4	5	NO
14.	My supervisor promotes sound ethical practice.	1	2	3	4	5	NO
15.	My supervisor clearly explains evaluation criteria.	1	2	3	4	5	NO
16.	My supervisor encourages me to evaluate myself.	1	2	3	4	5	NO
17.	My supervisor provides me with regular evaluations.	1	2	3	4	5	NO
18.	My supervisor evaluates me fairly.	1	2	3	4	5	NO
19.	My supervisor helps me apply theory to practice.	1	2	3	4	5	NO
20.	My supervisor helps me understand client behavior.	1	2	3	4	5	NO
	Column sub-totals						
		Total					

Comments you wish to make about the above items (please include the item # commented upon).

Did your supervisor use a written supervision agreement (or contract)?  
Did your supervisor observe your work with clients (e.g., videotape or live)?

Yes     No     So-So  
 Yes     No     So-So

Would you recommend this supervisor to other students?

Yes     No     So-So

Is there anything else you would like us to know about your supervisor or supervision experience?

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