

MURRAY STATE UNIVERSITY COUNSELING PROGRAM
COUNSELING SUPERVISEE'S EVALUATION OF SITE-SUPERVISOR

Name of Supervisee: _____

Name of Placement Site: _____

Name of Site Supervisor: _____

Period of Site Placement: _____

Please use the following scale to respond to the statements below:

Highly Unsatisfactory (unethical or illegal)	Unsatisfactory	Adequate	Satisfactory	Highly Satisfactory (good)
1	2	3	4	5

____ This supervisor met with me in a timely manner when I requested it.

____ This supervisor kept regularly scheduled weekly supervision appointments with me.

____ This supervisor helped me identify appropriate learning goals for my clinical experience.

____ This supervisor provided a supportive atmosphere where I felt I could be open about challenges I faced.

____ This supervisor provided helpful information about specific techniques.

____ This supervisor was open to my trying different theoretical approaches.

____ I felt confident of this supervisor's level of skills.

Other comments I would like to make about this site include:

Signature of Student

Date