

## SUPERVISION EVALUATION FORM

Supervisor's Name:

Supervisee Number:

Today's Date:

Registered Agency:

Months of Supervision:

Instructions: Please complete this form with respect to your experiences in receiving supervision or consultation services from the named Supervisor over the previous three (3) months.

### Overall Impression

Seldom

Sometimes

Frequently

Usually

Don't Know

1. The supervision and consultation that I received was useful.

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2. I have a good relationship with my supervisor.

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### Please rate your agreement with each item

Strongly Disagree

Disagree

Agree

Strongly Agree

Don't Know

3. I am confident that I can use the MAP system successfully.

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4. I believe that the MAP system can help my clients and improve our services.

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5. My knowledge and skills have improved as the result of the supervision and consultation that I received.

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6. Supervision helps me identify specific things that I can do to help particular clients.

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7. I have clear, specific, and achievable goals for learning and using the MAP system.

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8. I have the opportunity to practice and use new MAP skills in my daily work.

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9. I am reminded and encouraged to use my MAP skills by my colleagues.

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10. The feedback I receive helps me know how well I am doing with my MAP skills.

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11. Using the MAP system has helped my clients and improved my practice.

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### Please rate your supervisor

Strongly Disagree

Disagree

Agree

Strongly Agree

Don't Know

12. My supervisor prepares me to learn skills by telling me what to expect and what is important.

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13. My supervisor teaches, demonstrates, and practices MAP skills with me.

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14. My supervisor and I regularly review my progress and performance.

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15. My supervisor reminds and encourages me to use my MAP skills.

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16. My supervisor helps me plan and supports my professional growth.

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17. My supervisor helps create a supportive work environment.

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