

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: _____	

SUPERVISOR PERFORMANCE FACTORS	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.



SUPERVISION EVALUATION ATTESTATION

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

Resident Signature _____

Supervisor Signature _____

Please return this attestation only to:

Oregon Board of Psychology
3218 Pringle Road SE, Suite 130
Salem, OR 97302-6309