

Case Western Reserve University
Department of Psychology

Student Evaluation: Supervision of Psychodynamic Therapy

Student's Name _____ Date _____

Supervisor _____ Semester _____

Dates of Supervision ___ weekly throughout the semester
 ___ as needed

Brief Description of Clients

Rate the student on the following items using a 5-point scale where:

1=Excellent 2=Very Good 3=Average 4=Fair 5=Poor N/A=Does Not Apply

Response to Supervision

1. Preparation for sessions with supervisor
1 2 3 4 5 N/A

2. Effectiveness of communication with supervisor
1 2 3 4 5 N/A

3. Acceptance of criticism (e.g. receptivity to positive and negative critiques, and use of suggestions, etc.)
1 2 3 4 5 N/A

4. Use of supervisory sessions (e.g. effective presentation of recent session, case development, reformulation of case, participation in group supervision, etc.)
1 2 3 4 5 N/A

5. Other/comment

Clinical Skills: Intervention

6. Knowledge of area (e.g. psychotherapy)
1 2 3 4 5 N/A

7. Rapport and interpersonal sensitivity with clients
1 2 3 4 5 N/A

8. Problem formulation
1 2 3 4 5 N/A

9. Conceptualization/understanding of case
1 2 3 4 5 N/A

10. Formulation of treatment plan
1 2 3 4 5 N/A

11. Use of techniques and procedures
1 2 3 4 5 N/A

12. Other/comment

Please rate as:

* =Outstanding

+ =Positive

0 =Neutral

- =Needs Work

1). INDIVIDUAL SUPERVISION

- ___ Displays high levels of empathy, warmth & genuineness
- ___ Develops solid collaborative relationship with client
- ___ Maintains balance between directive & unstructured sessions
- ___ Distinguishes between therapeutic and conversational interactions
- ___ Frequently attempts to incorporate suggestions into Tx
- ___ Independently attempts to develop comprehensive case conceptualization
- ___ Frequently identifies and works towards specific goals

2). PROFESSIONAL Demeanor

- ___ Superior appearance and attire
- ___ Displays a confident professional manner, even under stress
- ___ Appears calm and relaxed in therapy sessions
- ___ Shows a sensitivity to his/her own strengths and weaknesses
- ___ Functions well even with minimal structure or supervision

3). KNOWLEDGE AND INFORMATION (as applies to the training you supervised)

- ___ Displays a superior knowledge base re: clinical issues
- ___ Actively contributes to class/group discussions
- ___ Shows a high level of cooperation & motivation: seems eager to learn

4.) GROUP CASE PRESENTATIONS (if included as part of the training)

- ___ Frequently volunteers to present cases
- ___ Frequently offers useful suggestions to others
- ___ Openly accepts suggestions from peers
- ___ Accurate perception of clinical issues
- ___ What she/he contributes is good but she/he needs to contribute more often

5). AREAS OF SIGNIFICANT STRENGTH

6). AREAS NEEDING IMPROVEMENT

Supervisor: _____
Supervisee: _____

Date: _____

Thank you! Please Return Completed Form to:

Telephone: 216-368-2686
Fax: 216-368-4891

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