EVALUATION OF PLACEMENT SUPERVISION

Delete as appropriate: Mid-Placement / End of Placement

TRAINEE'S NAME:

SUPERVISOR'S NAME

PLACEMENT NUMBER: 1 2 3 4 5 6 DATES: From:.................. To:

**A. PLACEMENT STRENGTHS AND AREAS WHERE IT COULD BE IMPROVED***:*

*Comment*: ...................................................................................................................................

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**B. GENERAL COMMENTS AND SUGGESTED IMPROVEMENTS:**

*Comment*: ....................................................................................................................................

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Rating Scale: 1 – Very Poor 2 – Poor 3 - Adequate 4 - Good 5 - Excellent

(Please circle rating for each item).

**C. SUPPORT GIVEN***:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Were the expectations of your Supervisor appropriate to your level of training? | 1 | 2 | 3 | 4 | 5 |
| b. | Sensitivity of needs of trainee/willingness to discuss personal issues. | 1 | 2 | 3 | 4 | 5 |
| c. | Were you made to feel welcome? Adequate introduction/integration to new placement? | 1 | 2 | 3 | 4 | 5 |

*Comment*: .................................................................................................................................

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**D. SUPERVISION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Total contact time. | 1 | 2 | 3 | 4 | 5 |
| b. | Opportunity for clinical/theoretical discussion. | 1 | 2 | 3 | 4 | 5 |
| c. | Observation of supervisor opportunity. | 1 | 2 | 3 | 4 | 5 |
| d. | Supervisor's observation of you. | 1 | 2 | 3 | 4 | 5 |

*Comment*: .................................................................................................................................

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**E. COMMUNICATION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Information about areas of placement and expectations of supervisor. | 1 | 2 | 3 | 4 | 5 |
| b. | Written placement contract. | 1 | 2 | 3 | 4 | 5 |
| c. | Clarity of communications. | 1 | 2 | 3 | 4 | 5 |
| d. | Balanced and sensitive feedback of written work/reports/clinical work. | 1 | 2 | 3 | 4 | 5 |
| e. | Mid-placement review. | 1 | 2 | 3 | 4 | 5 |
| f. | Full written report at end of placement. | 1 | 2 | 3 | 4 | 5 |

*Comment*: ..................................................................................................................................

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**F. SKILLS OF SUPERVISOR:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Flexibility/openness to different approaches/ideas/styles of working. | 1 | 2 | 3 | 4 | 5 |
| b. | Clear and explicit goal setting. | 1 | 2 | 3 | 4 | 5 |

*Comment*: ..................................................................................................................................

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**G. WORKLOAD:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Size of case load. | 1 | 2 | 3 | 4 | 5 |
| b. | Variety of case load. | 1 | 2 | 3 | 4 | 5 |

*Comment*: ..................................................................................................................................

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**H. PHYSICAL WORKING CONDITIONS***:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Access to office with use of a desk. | 1 | 2 | 3 | 4 | 5 |
| b. | Access to a clinic space/treatment rooms. | 1 | 2 | 3 | 4 | 5 |
| c. | Access to secretarial support. | 1 | 2 | 3 | 4 | 5 |
| d. | Adequate office equipment (computer, Dictaphone etc.). | 1 | 2 | 3 | 4 | 5 |
| e. | Access to Psychology Colleagues. | 1 | 2 | 3 | 4 | 5 |

*Comment*: ...............................................................................................................................

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**I. RESOURCES:**

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| --- | --- | --- | --- | --- | --- | --- |
| a. | Adequate test materials/books etc. | 1 | 2 | 3 | 4 | 5 |

*Comment*: .................................................................................................................................

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FOR DETAILS OF HOW THESE FORMS ARE USED IN AN AGGREGATED WAY TO PROVIDE FEEDBACK ON SUPERVISION PLEASE SEE HANDBOOK OR CONTACT YOUR CLINICAL TUTOR.

**TRAINEE SIGNATURE**: ....................................................... **DATE: ............./.............../...............**