

TRAINING SITE FEEDBACK

| Info | Institution / Organization Name | Clinic Name (Dept/Service/Unit) | Other (Rotation/Setting) |
|------|---------------------------------|---------------------------------|--------------------------|
| | | | |

| Rate the degree to which your expectations about the TRAINING SITE experience were met. | | | | | | | | | |
|---|---|------------------|-------------------------|----------------|---------------------|------------------|-------------------|-----------------|--|
| Evaluation of Training Site Experiences | | Inadequate 5% | Below Average 15% | Average 30% | Very Good 30% | Excellent 15% | Exceptional 5% | Cannot Judge | |
| | 1) Test Administration | | | | | | | | |
| | 2) Interviewing | | | | | | | | |
| | 3) Test Interpretation | | | | | | | | |
| | 4) Report Writing | | | | | | | | |
| | 5) Individual Psychodynamic Therapy | | | | | | | | |
| | 6) Individual CBT Therapy | | | | | | | | |
| | 7) Other Individual Therapy | | | | | | | | |
| | 8) Group Therapy | | | | | | | | |
| | 9) Family or Couple Therapy | | | | | | | | |
| | 10) Communicating Findings to other Professionals | | | | | | | | |
| | 11) Supervision | | | | | | | | |
| | 12) Research | | | | | | | | |
| | 13) Sensitivity / Skill with Diversity | | | | | | | | |
| | 14) Involvement in Supervision of Junior Student Trainees | | | | | | | | |
| 15) Overall Amount Learned from Participating in this Training Site | | | | | | | | | |

| Training Site Feedback | Explain Ratings | (Additional information and explanation of ratings.) |
|------------------------|-------------------------------------|--|
| | Strengths | (Strengths of the training site.) |
| | Weaknesses & Potential Growth Areas | (Constructive feedback about potential growth areas to improve training experience.) |

| Site Rating | Rate your overall training experience of the TRAINING SITE in terms of fostering your professional development and meeting your career needs. | | | | | |
|-------------|---|---------------|---------|-----------|-----------|-------------|
| | Inadequate | Below Average | Average | Very Good | Excellent | Exceptional |
| | | | | | | |

**Either write name in PENCIL or hand-in IN PERSON to get credit for completing.
All identifying information will be removed. Do not include dates on this form.**

CLINICAL SUPERVISOR FEEDBACK

(Print this page as often as needed if you have more than one primary supervisor.)

| | | | |
|-------------|--------------------------|---------------------------------|---------------------------------|
| Info | Clinical Supervisor Name | Institution / Organization Name | Clinic Name (Dept/Service/Unit) |
| | | | |

Kindly provide a profile of your PRIMARY SUPERVISOR. Use previous professional supervisors and instructors as a basis for comparison.

| Evaluation of Primary Supervisor | | No / Never Insufficient Inappropriate | | Always Appropriate Great Deal | | Cannot Judge | |
|--|--|---|---|-------------------------------------|---|-----------------|---|
| | | 1 | 2 | 3 | 4 | | 5 |
| | | 1) Professional Attitude | | | | | |
| 2) Provides Realistic Workload | | | | | | | |
| 3) Provides Feedback on Student Performance | | | | | | | |
| 4) Monitors Student Activities | | | | | | | |
| 5) Monitors Case Outside Supervisor Group (watch session, watch DVD, listen to tape) | | | | | | | |
| 6) Provides Adequate Monitoring so Supervisor Understands Case and Advises Appropriately | | | | | | | |
| 7) Keeps Appointments | | | | | | | |
| 8) Holds Supervision Regularly | | | | | | | |
| 9) Clinical Knowledge | | | | | | | |
| 10) Conceptualizes Needs of Case | | | | | | | |
| 11) Role Model | | | | | | | |
| 12) Value of Supervision Meetings | | | | | | | |
| 13) Provides Opportunity to Participate in Clinical Planning | | | | | | | |
| 14) Encourages Participation by All Students | | | | | | | |
| 15) Encourages Expression of Differences of Opinion | | | | | | | |
| 16) Guides Discussion without Monopolizing | | | | | | | |
| 17) Available for Necessary Consultation Outside | | | | | | | |
| 18) Familiar within Orientation with Range of Treatment Techniques | | | | | | | |
| 19) Aware of Appropriate Treatment Models | | | | | | | |
| 20) Makes Expectations for Student Contribution to Supervision Clear | | | | | | | |
| 21) Sets Appropriate Criteria for Evaluation of Student Performance | | | | | | | |
| 22) Discussion Relevant & Germane to Topic | | | | | | | |
| 23) Level / Quality of Discussion Appropriate for Graduate Supervision | | | | | | | |
| 24) Criticism Given in Context of Feedback is Constructive & Helpful | | | | | | | |
| 25) Gives Appropriate Supplementary Reading if Needed | | | | | | | |
| 26) Overall Amount Learned from Participating in this Therapy / Supervision | | | | | | | |
| 27) Overall Rating of Course Component as Given by this Supervisor | | | | | | | |

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|----------------------------|--|
| Supervisor Feedback | (Additional information and explanation of ratings. Strengths of primary supervisor. Constructive feedback about potential growth areas to improve training experience.) |
| | |

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