

Family and Children Services

Intern/Trainee Supervisor's Clinical Evaluation Form

Intern/Trainee Name: _____

Date: _____

Supervisor's Name: _____

Please indicate supervisee's skill/performance levels in all areas using the following rating scale.

N= No opportunity to observe

0= Does not meet criteria for supervisee's level of experience

1= Skill level inconsistent with supervisee's level of experience

2= Skill level consistent with supervisee's level of experience

3= Skill level exceeds supervisee's level of experience

<u>Criteria</u>	<u>Rating</u>				
	<u>N</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
<u>Documentation:</u> (Progress notes, assessments, treatment plans, etc.) Comments:					
<u>Therapeutic Skills:</u> (creating safe environment, active listening, joining, interventions, etc.) Comments:					
<u>Conceptualization:</u> (hypothesizing, use of theory, client context considered, etc.) Comments:					
<u>Diagnosis:</u> (exploration of differentials, considers culture, gather's relevant info, etc.) Comments:					
<u>Structuring:</u> (boundaries, focusing session, controlling interactions, use of time, etc.) Comments:					
<u>Use of Self:</u> (aware of own belief system and impact on clinical work, disclosure, etc.) Comments:					

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<u>Criteria</u>	<u>Rating</u>				
	<u>N</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
<p>Professional Responsibility: (practices consistent with BBS and CAMFT legal/ethical standards, adheres to deadlines/policies, prompt and professional) Comments:</p>					
<p>Use of Supervision: (seeks supervision when appropriate, willing to disclose struggles/areas of weakness, ability to receive and utilize feedback, etc.) Comments:</p>					
<p>Overall Intern/Trainee Rating:</p>					
<p>Additional Comments:</p>					

Supervisor's Signature

Intern/Trainee Signature
