**SACP M.Ed. Internship**

**SUPERVISORY EXPERIENCE RATING FORM: PART 1**

*(Adapted from the Louisiana School Psychology Internship Consortium Handbook)*

***Interns complete this rating form for each primary supervisor following final evaluation from the supervisor. Responses remain anonymous and are used for program development purposes. Completed forms are submitted to the Internship Coordinator.***

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| **CLIMATE AND STRUCTURE OF SUPERVISION** | | | | |
|  | **Marginal** | **Adequate** | **Good** | **Excellent** |
| **Availability of supervisor** | **1** | **2** | **3** | **4** |
| **Committed to intern’s growth and development** | **1** | **2** | **3** | **4** |
| **Effective use of time in supervision** | **1** | **2** | **3** | **4** |
| **Develops sense of trust and respect** | **1** | **2** | **3** | **4** |
| **Open to exploring the supervisory relationship** | **1** | **2** | **3** | **4** |
| **Effectively resolves conflict within the supervisory relationship** | **1** | **2** | **3** | **4** |
| **Provides timely and helpful comments on the intern’s competence and limitations** |  |  |  |  |
| **Comments:** | | | | |
| **OVERALL EVALUATION**: | **1** | **2** | **3** | **4** |

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| **GOAL SETTING AND MONITORING** | | | | |
|  | **Marginal** | **Adequate** | **Good** | **Excellent** |
| **Establishes clear and achievable goals** | **1** | **2** | **3** | **4** |
| **Establishes realistic expectations for supervision** | **1** | **2** | **3** | **4** |
| **Helpful in maintaining focus for supervision** |  |  |  |  |
| **Helps in selecting appropriate professional and training goals, tasks, and experiences** | **1** | **2** | **3** | **4** |
| **Is attentive to progress according to goals, tasks, and experiences** | **1** | **2** | **3** | **4** |
| **Provides helpful feedback regarding goals, tasks, and experiences** | **1** | **2** | **3** | **4** |
| **Comments:** | | | | |
| **OVERALL EVALUATION**: | **1** | **2** | **3** | **4** |

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| **FOCUS ON HUMAN RELATIONSHIPS** | | | | |
|  | **Marginal** | **Adequate** | **Good** | **Excellent** |
| **Provides useful feedback about my interpersonal skills** | **1** | **2** | **3** | **4** |
| **Is helpful with support/information about forming/maintaining relationships with clients** | **1** | **2** | **3** | **4** |
| **Is helpful with support/information about forming/maintaining relationships with colleagues** | **1** | **2** | **3** | **4** |
| **Is helpful with support/information on relationships involving team interactions** | **1** | **2** | **3** | **4** |
| **Comments:** | | | | |
| **OVERALL EVALUATION**: | **1** | **2** | **3** | **4** |

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| **SUPERVISOR AS RESOURCE AND INFORMATION PROVIDER** | | | | |
|  | **Marginal** | **Adequate** | **Good** | **Excellent** |
| **Uses a range of resources/references to encourage interns’ skill development** | **1** | **2** | **3** | **4** |
| **Demonstrates knowledge and use of an effective problem solving model** | **1** | **2** | **3** | **4** |
| **Promotes awareness of ethical issues** | **1** | **2** | **3** | **4** |
| **Heightens awareness of professional issues** | **1** | **2** | **3** | **4** |
| **Demonstrates knowledge of and sensitivity to issues related to client gender, ethnicity, and other individual differences** | **1** | **2** | **3** | **4** |
| **Demonstrates knowledge of and sensitivity to issues related to client problems** | **1** | **2** | **3** | **4** |
| **Comments:** | | | | |
| **OVERALL EVALUATION**: | **1** | **2** | **3** | **4** |

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| **THE SUPERVISORY RELATIONSHIP** | | | | |
|  | **Marginal** | **Adequate** | **Good** | **Excellent** |
| **Extent of learning from the relationship** | **1** | **2** | **3** | **4** |
| **Extent to which supervisory relationship enhanced my competence in my work** | **1** | **2** | **3** | **4** |
| **Extent to which supervisory relationship addressed my professional issues** | **1** | **2** | **3** | **4** |
| **Extent of trust** | **1** | **2** | **3** | **4** |
| **Comments:** | | | | |
| **OVERALL EVALUATION:** | **1** | **2** | **3** | **4** |

**SUPERVISORY EXPERIENCE RATING FORM: PART 2**

***Interns complete this rating form for each primary supervisor following final evaluation from the supervisor. Responses are discussed with the supervisor and signed by both intern and supervisor. Completed forms are submitted to the Internship Coordinator and are used for program development purposes.***

Overall, my supervisor’s strengths include:

I wish I had gotten more:

I wish I had gotten less:

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Intern Supervisor

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Date