MURRAY STATE UNIVERSITY COUNSELING PROGRAM  
COUNSELING SUPERVISEE’S EVALUATION OF SITE-SUPERVISOR

Name of Supervisee:______________________________________________________

Name of Placement Site:__________________________________________________

Name of Site Supervisor:__________________________________________________

Period of Site Placement:__________________________________________________

Please use the following scale to respond to the statements below:

Highly Unsatisfactory (unethical or illegal) Unsatisfactory Adequate Satisfactory Highly Satisfactory (good)

1 2 3 4 5

____ This supervisor met with me in a timely manner when I requested it.

____ This supervisor kept regularly scheduled weekly supervision appointments with me.

____ This supervisor helped me identify appropriate learning goals for my clinical experience.

____ This supervisor provided a supportive atmosphere where I felt I could be open about challenges I faced.

____ This supervisor provided helpful information about specific techniques.

____ This supervisor was open to my trying different theoretical approaches.

____ I felt confident of this supervisor’s level of skills.

Other comments I would like to make about this site include:

______________________________________________________________

Signature of Student                                            Date