CSUDH

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

MA Psychology Program, Department of Psychology, 1000E Victoria Street, Carson, CA 90747 • (310) 243-3642

AGENCY EVALUATION OF MA PSYCHOLOGY TRAINEE

Date_____Name of Trainee_____

Name of Agency_____

This graduate student trainee has completed a total of_____hours of clinical experience and a total of_____hours of supervision at the above agency from _____ to _____

How many of these hours were direct face-to-face contact with clients that were supervised by a licensed clinician (meeting bbs requirements)?_____.

Please check the activities in which the trainee has had supervised experience at your agency:

____intake interviewing   ____professional attitude
____mental status evaluation   ____respect for differences
____psychosocial history   ____ethical and legal codes
____current DSM   ____licensing laws
____formulating a preliminary diagnosis   ____agency policies
____development of treatment plans   ____agency programs
____psychological assessment   ____program development
____crisis intervention   ____program evaluation
____individual counseling using a variety of approaches ____Grant-writing
____marital counseling   ____preventive interventions
____family counseling   ____Training paraprofessionals
____group counseling   ____Community advocacy
____progress notes and record-keeping   ____Consultations
____termination and follow-up of clients   ____community resources and referrals

1. How well was the trainee able to seek and accept supervision?
    Very effectively   Satisfactory   Below Average

2. How responsible and reliable is this trainee in meeting the requirements and obligations of the agency (i.e. attends required meetings, finishes required work on time, punctual for appointments, completes paperwork)?
    Very responsible and reliable   Average   Below average

3. How effectively does this trainee work with the agency's client population?
    Very effectively   Satisfactory   Below average

4. How effectively does this trainee work with the agency's personnel?
    Very effectively   Satisfactory   Below average

5. How would you rate this trainee's potential as a future psychotherapist?
    Potentially superior   Potentially adequate   Ineffective

6. Please briefly describe and evaluate this trainee's strengths and weaknesses below:

Supervisor's signature_____Date _____

Name_____Degree and License Number_____

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<u>For the Trainee:</u> I have reviewed this evaluation with my supervisor.

Trainee's signature _____ Date _____