



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

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TRAINEE EVALUATION OF SUPERVISED EXPERIENCE

Date _____ Name of Trainee _____

Name of Agency _____

Agency Telephone _____

Name of Supervisor _____

Title and License of Supervisor _____

Please rate the agency and your supervisor according to the following scale:

4 = Outstanding 3 = Good 2 = Fair 1 = Poor NA

THE AGENCY

- ___ Overall agency operation
- ___ Overall agency administration
- ___ Agency structure and policies
- ___ Agency policies on liability management
- ___ Agency policies on confidentiality of records
- ___ Engagement of trainee in professional rather than nonprofessional activities

YOUR SUPERVISOR

- ___ Availability
- ___ Responsibility and reliability (i.e. keeping appointments)
- ___ Ability to communicate in a non-defensive way with you
- ___ Communication of agency's policies
- ___ Communication of applicable ethical and legal codes
- ___ Professional orientation
- ___ Processing of professional issues

Additional comments: