



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:

- | | |
|--|--|
| <input type="checkbox"/> intake interviewing | <input type="checkbox"/> professional attitude |
| <input type="checkbox"/> mental status evaluation | <input type="checkbox"/> respect for differences |
| <input type="checkbox"/> psychosocial history | <input type="checkbox"/> ethical and legal codes |
| <input type="checkbox"/> current DSM | <input type="checkbox"/> licensing laws |
| <input type="checkbox"/> formulating a preliminary diagnosis | <input type="checkbox"/> agency policies |
| <input type="checkbox"/> development of treatment plans | <input type="checkbox"/> agency programs |
| <input type="checkbox"/> psychological assessment | <input type="checkbox"/> program development |
| <input type="checkbox"/> crisis intervention | <input type="checkbox"/> program evaluation |
| <input type="checkbox"/> individual counseling using a variety of approaches | <input type="checkbox"/> Grant-writing |
| <input type="checkbox"/> marital counseling | <input type="checkbox"/> preventive interventions |
| <input type="checkbox"/> family counseling | <input type="checkbox"/> Training paraprofessionals |
| <input type="checkbox"/> group counseling | <input type="checkbox"/> Community advocacy |
| <input type="checkbox"/> progress notes and record-keeping | <input type="checkbox"/> Consultations |
| <input type="checkbox"/> termination and follow-up of clients | <input type="checkbox"/> community resources and referrals |

- How well was the trainee able to seek and accept supervision?
 Very effectively Satisfactory Below Average
- 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
- How effectively does this trainee work with the agency's client population?
 Very effectively Satisfactory Below average
- How effectively does this trainee work with the agency's personnel?
 Very effectively Satisfactory Below average
- How would you rate this trainee's potential as a future psychotherapist?
 Potentially superior Potentially adequate Ineffective
- Please briefly describe and evaluate this trainee's strengths and weaknesses below:

Supervisor's signature _____ Date _____
Name _____ Degree and License Number _____



California State University
Dominguez Hills

MA Psychology Program, Department of Psychology, 1000E Victoria Street, Carson, CA 90747 • (310) 243-3642
For the Trainee: I have reviewed this evaluation with my supervisor.

Trainee's signature _____ Date _____

