EVALUATION OF ON-SITE SUPERVISOR OF COUNSELING FIELD WORK

School of Education
California State University, Bakersfield
ED-CA 693
INTERNSHIP IN COUNSELING *(Completed By Student)*

SUPERVISOR'S NAME:_____F W SP SU 20___
SCHOOL: _____

Rating Scale:

6=Excellent 2=Fair
5=Very Good 1=Poor
4=Good 0=Not Applicable
3=Average

Circle One:

1. My supervisor and I met on a scheduled basis each week for supervision
   6 5 4 3 2 1 0
2. My supervisor was helpful and supportive.
   6 5 4 3 2 1 0
3. The supervisor was accessible/available for telephone or in-person consultation.
   6 5 4 3 2 1 0
4. The supervisor addressed the issues presented in a knowledgeable and competent manner.
   6 5 4 3 2 1 0
5. The supervisor's suggestions reflected a current knowledge base and understanding of the profession.
   6 5 4 3 2 1 0
6. I would like to work with the supervisor again.
   6 5 4 3 2 1 0
7. Comments on items 1-6.

8. Supervisor's strengths.

9. Suggestions for improvement.