

EVALUATION OF UNIVERSITY SUPERVISOR OF COUNSELING FIELD WORK

School of Education
California State University, Bakersfield
ED-CA 693

INTERNSHIP IN COUNSELING

SUPERVISOR'S NAME: _____ F W SP SU 20____

Completed by:

Student Intern _____ On-Site Supervisor _____

Rating Scale:

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

Circle One:

1. The Supervisor kept all scheduled appointments.
6 5 4 3 2 1 0
2. The supervisor visited the site a reasonable and adequate number of times.
6 5 4 3 2 1 0
3. The supervisor was an effective representative of the counseling program and of the University.
6 5 4 3 2 1 0
4. The supervisor was helpful and supportive when visiting the site.
6 5 4 3 2 1 0
5. The supervisor was accessible/available for telephone or in-person consultation.
6 5 4 3 2 1 0
6. The supervisor addressed the issues presented in a knowledgeable and competent manner.
6 5 4 3 2 1 0
7. The supervisor's suggestions reflected a current knowledge base and understanding of the profession.
6 5 4 3 2 1 0
8. I would like to work with this supervisor again.
6 5 4 3 2 1 0
9. Comments on items 1-8.

8. Supervisor's strengths.

11. Suggestions for improvement.