**Pepperdine University**

**MFT Clinical Training Program**

# MFT STUDENT’S EVALUATION OF SUPERVISION AND AGENCY

Note: Please return this evaluation to your practicum instructor by the last week of class. Should you have more than one practicum site or supervisor, please contact your Clinical Training Coordinator to discuss the evaluation procedures. Please know that a general evaluation of your site (including this form) will be anonymously shared with other MFT students.

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s phone number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) (Degree/Title) (License)

Practicum Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Telephone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which semester of Practicum are you enrolled? 1st \_\_\_ 2nd \_\_\_ 3rd \_\_\_

**Please note:** **If this is your third term of Practicum** **and you plan to graduate**, you must have received 150 hours of client contact. If you have received any IP grades in Practicum, you must have them changed to a grade of “credit” in order to graduate.

Dates covered by this evaluation: January 7th 2013 – April 19th 2013

# PART I: GENERAL INFORMATION

1. Type and amount of supervision received:

 a. \_\_\_\_\_\_\_\_\_\_ hours per week of individual supervision

b. \_\_\_\_\_\_\_\_\_\_ hours per week of group supervision (with 8 unlicensed individuals or less)

2. Supervision approach: (Check all that apply) Please note: You will need 2 Direct Observations for the term, however, they may be earned by completing one at each site (preferable) or if one site does not permit Direct Observation, then both Direct Observations are allowable at the same site.

 a. \_\_\_\_\_\_\_\_\_\_ Case Report

 b. \_\_\_\_\_\_\_\_\_\_ Audio Tape

 c. \_\_\_\_\_\_\_\_\_\_ Video Tape

 d. \_\_\_\_\_\_\_\_\_\_ One-way Mirror

e. \_\_\_\_\_\_\_\_\_\_ Supervisor in room

 3. Did your supervisor utilize family therapy models in discussing clients? (Check One)

\_\_\_\_\_ always \_\_\_\_\_ most of the time \_\_\_\_\_sometimes \_\_\_\_\_seldom \_\_\_\_\_never

Please specify which systems orientation (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Approximately what percentage of counseling did you do at this site?

\_\_\_\_ Children \_\_\_\_ Couples \_\_\_\_ Families \_\_\_\_ Individuals \_\_\_\_ Group

1. What kinds of client problems did you work with at this site? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does this agency specialize in a specific type of client and/or problem?

\_\_\_\_\_ No \_\_\_\_\_ Yes (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

# PART II: EVALUATION OF SUPERVISOR

(Circle one response for each item)

 Outstanding Good Average Below Poor

1. Was open to my ideas & opinions 5 4 3 2 1

2. Related well to me interpersonally 5 4 3 2 1

3. Helped me better understand my 5 4 3 2 1

 theoretical model(s)

4. Helped me better understand and 5 4 3 2 1

 use **family therapy models**

5. Assisted me in assessing interactions 5 4 3 2 1

 more skillfully

6. Helped me improve my therapy 5 4 3 2 1

 skills and techniques

7. Assisted me in learning how to 5 4 3 2 1

 develop better treatment plans

8. Made clear the expectations regarding 5 4 3 2 1

 supervision

9. Provided me with freedom to develop 5 4 3 2 1

 my own counseling style

10. Recognized & encouraged strengths 5 4 3 2 1

11. Recognized and assisted me with my 5 4 3 2 1

 areas of improvement

12. Was responsible in regards to 5 4 3 2 1

 supervision (on time, kept

 appointments, etc.)

13. Demonstrated appropriate ethical 5 4 3 2 1

 behavior

14. Was a positive role model 5 4 3 2 1

**OVERALL EVALUATION OF THE** 5 4 3 2 1

## QUALITY OF MY SUPERVISION

# PART III: EVALUATION OF PRACTICUM SITE

 (Circle one response for each item)

Outstanding Good Average Below Poor

1. Knowledge and skill of 5 4 3 2 1

Professionals (administration,

General staff, other supervisors)

1. Ability of professionals to relate 5 4 3 2 1

to students

1. Amount of training provided 5 4 3 2 1
2. Quality of training provided 5 4 3 2 1

(other than regular supervision)

 **OVERALL RECOMMENDATION** 5 4 3 2 1

 **OF THIS SITE FOR OTHER**

 **PEPPERDINE STUDENTS**

## PART IV: DESCRIPTION OF PRACTICUM SITE EXPERIENCE

Please describe what you believe are the major strengths and major challenges of your practicum site experience. This feedback is very important in the overall assessment of this site. Use the back of this form if additional space is needed.

**Strengths:**

**Challenges:**

# IF YOU ARE A 3RD TERM PRACTICUM STUDENT PLEASE CONTINUE TO THE NEXT PAGE

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**VERIFICATION OF 150 HOURS FORM**

**This section must be completed by third term practicum students only:**

|  |  |  |
| --- | --- | --- |
| **(A)**TOTAL Direct Client Contact Hours accumulated over 6 Semester units of practicum**Note:** You must have a minimum of 150 hours of direct client contact to graduate. (Do not include telephone client contact hours.) | (B)Total Supervision Units**Accumulated over 6 Semester units of practicum****Note:** 1 supervision unit = 1 hour individual or 2 hours group) | **(C)****Did you meet the 5:1 ratio for the minimum required 150 direct client contact hours?****Note:** To determine your ratios divide your total direct client hours by 5. Your total supervision units (in section B) should meet or exceed this number. (i.e., if your total client contact hours = 250, you will divide this by 5 and 50 units of supervision will be required for all 250 to be counted toward licensure). If you do not have enough supervision units to meet the 5:1 client contact to supervision ratio, you will not be able to count excess client contact hours for licensure.  |
| Total Direct Client Contact Hours\_\_\_\_\_ | Total Supervision Units\_\_\_\_\_\_\_ | Yes\_\_\_\_\_ No\_\_\_\_\_\_ |

## Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note to graduating students**: You should attend the MFT Intern Registration meeting that will be held during the Psy 642 class at any of the three evening campuses. If you missed the Intern Registration meeting, please set a time to meet with your CTC to review important MFT intern registration information.