

Clinical Placement Feedback

PART I: TRAINING SITE EVALUATION

1. This form contains **two** parts and is to be completed by the student at the end of **every** clinical placement.
2. Form should be submitted to the Graduate Office at **clinical-psych@utsc.utoronto.ca** within two weeks of the placement end date.

Training Site Details	
Organization Name:	
Clinical Name (Dept/Unit):	
Other (Rotation/Setting):	

Rate the degree to which your expectations about the training site experience were met							
	Inadequate 5%	Below Average 15%	Average 30%	Very Good 30%	Excellent 15%	Exceptional 5%	N/A
Test administration							
Interviewing							
Test interpretation							
Report writing							
DBT Experience							
IPT Experience							
EFT Experience							
ACT Experience							
CBT Experience							
Other therapy experience (specify):							
Group therapy							
Family/Couple therapy							
Consultation/Liaison							
Communicating findings to other professionals							
Level of engagement with other professionals							
Supervision							
Research							
Sensitivity to diversity issues							
Involvement in supervision of junior student trainees							
Overall amount learned from participating at this site							

List strengths of the training site
List any concerns/potential growth areas for improving the training experience

Overall Site Rating – Check the box that describes your overall experience of the training site in terms of fostering your professional development and meeting your career needs.

- ☐ Inadequate ☐ Below Average ☐ Average ☐ Very Good ☐ Excellent ☐ Exceptional

Clinical Placement Feedback

PART II: CLINICAL SUPERVISOR EVALUATION

Clinical Supervisor Details	
Clinical Supervisor Name* and Title:	
Organization Name:	
Clinical Name (Dept/Unit):	

**Use a separate form for each Primary Supervisor*

Rate your Primary Supervisor in the areas listed below. Use previous professional supervisors/instructors as a basis for comparison.						
	No/Never/ Insufficient/ Inappropriate 1	2	3	4	Yes/Always /Ample/ Appropriate 5	N/A
Professional attitude						
Provides realistic workload						
Provides feedback on student performance						
Monitors student activities						
Monitors case(s) outside supervisor group						
Maintains appropriate level of familiarity with case(s)						
Keeps appointments						
Holds supervision regularly						
Clinical knowledge						
Conceptualizes needs of case						
Serves as role model						
Value of supervision meetings						
Provides opportunity to participate in clinical planning						
Encourages participation by all students						
Encourages expression of differences of opinion						
Guides discussion without monopolizing						
Available for necessary consultation outside regular supervision						
Familiar with orientation with range of treatment techniques						
Aware of appropriate treatment models						
Makes expectations for student contribution to supervision clear						
Sets appropriate criteria for evaluation of student performance						
Discussion relevant and germane to topic						
Level/Quality of discussion appropriate for graduate supervision						
Criticism given in context of feedback is constructive and helpful						
Gives appropriate supplementary reading if needed						
Overall amount learned from participating in this Therapy/Supervision						

Supervisor Feedback – List strengths and constructive feedback to improve training experience.

Please submit hard copy to:
Department of Psychological Clinical
Science SW427G, UTSC

OR

Email soft copy to:
clinical-psych@utsc.utoronto.ca