

The Kaiser Permanente Medical Group, Inc.  
Department of Psychiatry  
\_\_\_\_\_ CONSORTIUM

**CONFIDENTIAL**  
**POSTDOCTORAL SUPERVISOR EVALUATION FORM**

Evaluation Period: Year: \_\_\_\_\_ September-February: \_\_\_\_\_  
March-August: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Status: \_\_\_\_\_ primary individual supervisor  
\_\_\_\_\_ delegated individual supervisor  
\_\_\_\_\_ delegated group supervisor

Supervisee's Name: \_\_\_\_\_

Please evaluate your individual and group supervisors using the ratings and criteria below. The purpose of the evaluation is to inform the supervisor of his or her strengths and weaknesses, and to help the supervisor to improve their practice of supervision. The evaluation process is optimally an ongoing part of the supervisory relationship. Both supervisor and supervisee should strive to talk openly about how the supervision is going, how well learning is taking place, and what needs improving.

Both supervisor and supervisee complete this form. Then, they exchange forms and discuss the evaluation. The form is kept by the supervisor being evaluated.

Please indicate the degree to which the following behaviors are characteristic of your supervisor using the following rating scale:

- 5 very true
- 4 fairly true
- 3 as likely to be true as untrue
- 2 fairly untrue
- 1 very untrue

**Supervisor Provides Atmosphere for Professional Growth**

- \_\_\_\_\_ Demonstrates a sense of support and acceptance
- \_\_\_\_\_ Establishes clear and reasonable expectations for my performance.
- \_\_\_\_\_ Establishes clear boundaries (i.e. not parental, peer or therapeutic).
- \_\_\_\_\_ Makes an effort to understand me and my perspective.
- \_\_\_\_\_ Encourages me to formulate strategies and goals without imposing his/her own agenda.
- \_\_\_\_\_ Recognizes my strengths
- \_\_\_\_\_ Conveys active interest in helping me grow professionally
- \_\_\_\_\_ Is sensitive to the stresses and demands of the residency
- \_\_\_\_\_ Helps me to feel comfortable to discuss problems

\_\_\_\_\_ I feel comfortable talking to my supervisor about my reactions to him/her and the content of our meetings

**Supervisor's Style of Supervision**

- \_\_\_\_\_ Makes supervision a collaborative process
- \_\_\_\_\_ Balances instruction with exploration, sensitive to therapists' style and needs
- \_\_\_\_\_ Encourages therapist to question, challenge, or doubt supervisor's opinion
- \_\_\_\_\_ Admits errors or limitations without undue defensiveness
- \_\_\_\_\_ Openly discusses and is respectful of differences in culture, ethnicity, or other individual diversity
- \_\_\_\_\_ Enables the relationship to evolve over the year from advisory to consultative to collegial

**Supervisor Models Professional Behavior**

- \_\_\_\_\_ Keeps the supervision appointment and is on time
- \_\_\_\_\_ Is available whenever I need to consult
- \_\_\_\_\_ Makes decisions and takes responsibility when appropriate.
- \_\_\_\_\_ Makes concrete and specific suggestions when needed
- \_\_\_\_\_ Assists therapist in integrating different techniques
- \_\_\_\_\_ Addresses countertransference issues between therapist and client
- \_\_\_\_\_ Raises cultural and individual diversity issues

**Impact of Supervisor:**

- \_\_\_\_\_ Provides feedback that generalizes or transcends individual cases to strengthen therapist's general skill level
- \_\_\_\_\_ Shows concern for therapist's personal development as well as residency performance
- \_\_\_\_\_ Facilitates therapist's confidence to accept new challenges

The most positive aspects of this supervision are:

The least helpful or missing aspects of this supervision are:

This supervision experience might improve if:

Supervisee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_