

APPENDIX J
THE COLLEGE OF NEW JERSEY
DEPARTMENT OF COUNSELOR EDUCATION

STUDENT EVALUATION OF SUPERVISOR

_____ Individual on Campus Supervisor
 (check one)
 _____ Field Site Supervisor

Name of Supervisor _____

Period Covered _____ to _____

DIRECTIONS: The student counselor, when asked to do so, is to make an evaluation of the supervision received. Circle the number which best represents how you, the student counselor, feel about the supervision received.

	Poor		Adequate		Good	
1. Gives time and energy in observing counseling sessions, and/or taped sessions.	1	2	3	4	5	6
2. Accepts and respects me as a person.	1	2	3	4	5	6
3. Recognizes and encourages further development.	1	2	3	4	5	6
4. Gives me useful feedback when I do something well.	1	2	3	4	5	6
5. Provides me the freedom to develop flexible and effective counseling styles.	1	2	3	4	5	6
6. Encourages and listens to my ideas and suggestions for developing my counseling.	1	2	3	4	5	6
7. Provides suggestions for developing my counseling skills.	1	2	3	4	5	6
8. Helps me understand the implications and dynamics of the counseling approaches I use.	1	2	3	4	5	6
9. Encourages me to use new and different	1	2	3	4	5	6

techniques when appropriate.

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| 10. Is spontaneous and flexible in the supervisory sessions. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Gives me constructive feedback when I do something wrong. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Encourages me to discuss problems I encounter in my clinical setting. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. Helps me to define and maintain ethical behavior in counseling and case management. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Deals with both content and affect when supervising. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. Offers resource information when I request or need it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. Helps me develop increased skill in critiquing and gaining insight from my counseling experiences. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. Encourages me to evaluate myself. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. Evaluates my counseling performance fairly. | 1 | 2 | 3 | 4 | 5 | 6 |

Additional Comments and/or Suggestions:

Date _____ Signature of Student Counselor _____ (Optional)

Revised 4/08