

## CPCA Provisional Member's Evaluation of Counselling Supervisor

Key: 1 = Never 2 = Inconsistently 3 = Usually 4 = Regularly 5 = Always NA = Not Applicable

<b>Teaching</b>		1	2	3	4	5	N A
1	Discussed site policies and procedures with me						
2	Involved me in evaluation of client cases						
3	Discussed proper therapeutic techniques						
4	Explained the rationale for interventions						
5	Discussed the use of therapeutic modalities						
6	Provided support and specific help with mistakes or in crises						
7	Provided a stimulating and challenging work environment						
8	Willing to share knowledge and resources						
9	Is a role model to fellow therapists						
10	Open to new ideas and concepts						

<b>Professionalism</b>		1	2	3	4	5	N A
1	Demonstrates patience and tactfulness						
2	Shows self-confidence						
3	Demonstrates punctuality and reliability						
4	Can delegate responsibility when necessary						
5	Maintains a professional appearance						
6	Respects clients and fellow therapists						
7	Promotes high professional standards						
8	Maintains proper ethics						
9	Overall rating of professionalism						

<b>Communication</b>		1	2	3	4	5	N A
1	Demonstrates rapport with fellow therapists						
2	Demonstrates rapport with community professionals						
3	is accessible for discussion						

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<b>Communication</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N A</b>
4	Is available when I need him/her						
5	Provides constructive feedback in format(s) appropriate to the situation						
6	Provides prompt and appropriate feedback						

Please discuss the strengths of your clinical supervisor...

In what ways might your supervision experience be/have been improved?

Name of clinical site \_\_\_\_\_ ( \_\_\_\_ )

Period with this Counselling Supervisor: \_\_\_\_\_ to \_\_\_\_\_

Name of Counselling Supervisor being evaluated:  
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**Optional:**

**I am willing to be contacted to verify the contents of this evaluation.**

Supervisee Name: \_\_\_\_\_

Contact Information:      Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date