



**POSTDOCTORAL PSYCHOLOGY RESIDENT'S EVALUATION OF  
RESIDENCY TRAINING EXPERIENCE**

Resident: \_\_\_\_\_ Evaluation Period: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Training Site: \_\_\_\_\_

1. Type of placement:      Health \_\_\_\_\_ Child \_\_\_\_\_ Neuropsychology \_\_\_\_\_ Community \_\_\_\_\_ Forensic \_\_\_\_\_  
Independent Practice \_\_\_\_\_ Managed Care \_\_\_\_\_ Hospital \_\_\_\_\_ CD \_\_\_\_\_ Other (specify) \_\_\_\_\_

2. Describe your residency experience at this training site during the Evaluation Period noted above. Please include a general description of the training site, learning opportunities provided, types of services provided, types of clients served, and other relevant information.

3. List your responsibilities (for example individual adult psychotherapy, crisis services, couples therapy, family therapy, child / adolescent therapy, psychological assessment, neuropsychological assessment, group therapy, supervision, program development, consultation, data analysis, etc.) and the approximate percentage of time you devoted to each:

_____	_____ % of time
_____	_____ % of time
_____	_____ % of time
_____	_____ % of time
_____	_____ % of time
_____	_____ % of time
_____	_____ % of time
_____	_____ % of time
_____	_____ % of time
_____	_____ % of time

4. Please describe the social atmosphere of the training site (for example friendly, supportive, high pressure, competitive, etc.).

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5. How many supervisors did you have? \_\_\_\_\_ Including your primary supervisor, indicate how many of each type of professionals provided you supervision this Evaluation Period:

\_\_\_ Psychologists \_\_\_ Physicians \_\_\_ Social Workers \_\_\_ Counselors \_\_\_ Marriage & Family Therapists  
\_\_\_ Registered Nurses \_\_\_ Nurse Practitioners \_\_\_ Substance Abuse Counselors \_\_\_ Others \_\_\_\_\_

6. How many hours of individual supervision did you receive each week from your primary supervisor? \_\_\_\_\_

Comments: \_\_\_\_\_

7. How many hours of individual supervision did you receive each week from all secondary supervisors? \_\_\_\_\_

Comments: \_\_\_\_\_

8. Have you participated meaningfully in establishing the goals and methods of supervision with your primary supervisor?

\_\_\_ Yes, a good deal. \_\_\_ Somewhat \_\_\_ Not sufficiently.

Comments: \_\_\_\_\_

9. Did you feel listened to, understood, valued, and treated with respect by your primary supervisor?

\_\_\_ Yes, most of the time \_\_\_ Some of the time \_\_\_ Not often enough

Comments: \_\_\_\_\_

10. Check all of the following which were a part of your experience in all individual supervision this Evaluation Period:

\_\_\_ Live observation by you of your supervisor providing psychological services

\_\_\_ Live observation of you by your supervisor

\_\_\_ Video taped observation of your therapy sessions or psychological assessment

\_\_\_ Case discussion

\_\_\_ Review of reports, test data, treatment plans, progress notes, and other records

\_\_\_ Didactic instruction on specific skills or topics

\_\_\_ Assigned readings

\_\_\_ Other: \_\_\_\_\_

11. How effective was your primary supervisor at recognizing, communicating, and supporting your strengths?

Usually effective                       Inconsistently effective                       Seldom effective

Comments: \_\_\_\_\_

12. How effective was your primary supervisor at recognizing, communicating, and assisting with your weaknesses?

Usually effective                       Inconsistently effective                       Seldom effective

Comments: \_\_\_\_\_

13. How helpful was your primary supervisor at helping you generate case conceptualizations, treatment plans, strategies, directives, homework, risk management plans, or other aspects of therapeutic interventions?

Usually helpful                       Inconsistently helpful                       Seldom helpful

Comments: \_\_\_\_\_

14. How helpful was your primary supervisor at developing your skills at selecting, administering, scoring, and interpreting psychological assessment instruments and interview techniques?

Usually helpful                       Inconsistently helpful                       Seldom helpful

Comments: \_\_\_\_\_

15. How helpful was your primary supervisor in teaching you and modeling appropriate legal, ethical, and professional standards in the practice of psychology?

Usually helpful                       Inconsistently helpful                       Seldom helpful

Comments: \_\_\_\_\_

16. How helpful was your primary supervisor in helping you to develop your professional identity?

Usually helpful                       Inconsistently helpful                       Seldom helpful

Comments: \_\_\_\_\_

17. How helpful was your primary supervisor in you to develop consultation and interprofessional collaboration and relationship skills?

Usually helpful                       Inconsistently helpful                       Seldom helpful

Comments: \_\_\_\_\_

18. How prompt was your primary supervisor at beginning and ending supervision sessions on time?

Usually on time                       Inconsistently on time                       Seldom on time

Comments: \_\_\_\_\_

19. How helpful was your primary supervisor in discussing social and multicultural considerations in supervision?

Usually helpful                       Inconsistently helpful                       Seldom helpful

Comments: \_\_\_\_\_

20. How many hours of group supervision did you receive each week other than Consortium meetings? \_\_\_\_\_

21. Briefly summarize the activities of group supervision in which you participated this Evaluation Period:

22. How productive were the group supervision experiences this Evaluation Period for you?

\_\_\_ Usually productive                      \_\_\_ Inconsistently productive                      \_\_\_ Seldom productive

Comments: \_\_\_\_\_

20. How useful for your professional growth were the monthly Consortium sponsored training meetings and activities?

\_\_\_ Usually useful                                      \_\_\_ Inconsistently useful                                      \_\_\_ Seldom useful

Comments: \_\_\_\_\_

21. How helpful were the opportunities provided to interact with other postdoctoral psychology residents?

\_\_\_ Usually helpful                                      \_\_\_ Inconsistently helpful                                      \_\_\_ Seldom helpful

Comments: \_\_\_\_\_

22. What have been the weaknesses or problematic aspects of your training experience for this Evaluation Period?

23. What have been the strengths or most useful aspects of your training experience for this Evaluation Period?

24. Additional comments:

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Printed Name of Psychology Resident

Signature of Psychology Resident

Date

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Printed Name of Board Member

Signature of Director of Training

Date