

RESIDENT'S EVALUATION OF RESIDENCY TRAINING EXPERIENCE

Resident: _____ Evaluation Period: _____

Supervisor: _____ Training Site: _____

1. Type of Residency: Child _____ Community _____ Forensic _____ Hospital _____ Independent Practice _____
Neuropsychology _____ School _____ Other (specify) _____

2. Describe your residency experience at this training site during the evaluation period. 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 psychotherapy, neuropsychological assessment, research, supervision, consultation, 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.).

5. Besides your two psychologist-supervisors, have you worked with colleagues in allied professional fields or received mentoring from allied professionals? If so, what are their fields?

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 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, interventions, 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?

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

Usually on time Inconsistently on time Seldom on time

Comments: _____

17. How useful for your professional growth were the monthly Consortium didactic activities?

Usually useful Inconsistently useful Seldom useful

Comments: _____

18. How helpful were the opportunities provided to interact with other residents?

Usually helpful Inconsistently helpful Seldom helpful

Comments: _____

19. What have been the weaknesses or problematic aspects of your training experience for this evaluation period?

20. What have been the strengths, or most useful aspects, of your training experience for this evaluation period?

21. Additional comments:

22. Overall, how satisfied are you with your postdoctoral residency training experience this evaluation period?

____ Quite satisfied

____ Generally satisfied

____ Substantially dissatisfied

Printed Name of Resident

Signature of Resident

Date

Printed Name of Director of Training

Signature of Director of Training

Date