

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.).

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 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 many hours of group supervision did you receive each week other than Consortium meetings? _____

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

19. 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:

25. Overall, how satisfied are you with your postdoctoral residency training experience this Evaluation Period?

Quite satisfied

Generally satisfied

Substantially dissatisfied

Printed Name of Psychology Resident

Signature of Psychology Resident

Date

Printed Name of Director of Training

Signature of Director of Training

Date