

**Pepperdine University**  
**MFT Clinical Training Program**

**MFT STUDENT'S EVALUATION OF SUPERVISION AND AGENCY**

Note: Please return this evaluation to your practicum instructor by the last week of class. Should you have more than one practicum site, please contact your Clinical Training Coordinator to discuss the evaluation procedures. Please know that a general evaluation of your site (including this form) will be anonymously shared with other MFT students.

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's phone number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

On-Site Supervisor: \_\_\_\_\_  
(Name) (Degree/Title) (License)

Practicum Site: \_\_\_\_\_

Address: \_\_\_\_\_

Agency Telephone: (\_\_\_\_\_) \_\_\_\_\_

In which semester of Practicum are you enrolled? 1st \_\_\_ 2nd \_\_\_ 3rd \_\_\_

**Please note: If this is your third term of Practicum and you plan to graduate,** you must have received 150 hours of client contact. If you have received any IP grades in Practicum, you must have them changed to credit to graduate.

Dates covered by this evaluation: May 5, 2008 –June 20, 2008

**PART I: GENERAL INFORMATION**

1. Type and amount of supervision received:
  - a. \_\_\_\_\_ hours per week of individual supervision
  - b. \_\_\_\_\_ hours per week of group supervision (with 8 unlicensed persons)
  
2. Supervision approach: (Check all that apply) Please note: if you are a trainee at two different sites, you must have one direct observation at each site for the Fall and Spring terms. In the Summer term, it is important to complete the direct observation at whichever site you see the most clients.
  - a. \_\_\_\_\_ Case Report
  - b. \_\_\_\_\_ Audio Tape
  - c. \_\_\_\_\_ Video Tape
  - d. \_\_\_\_\_ One-way Mirror
  - e. \_\_\_\_\_ Supervisor in room

3. Did your supervisor utilize family therapy models in discussing clients? (Check One)  
 always  most of the time  sometimes  seldom  never

Please specify which systems orientation (s) \_\_\_\_\_

4. Approximately what percentage of counseling did you do at this site?

Children  Couples  Families  Individuals  Group

5. What kinds of client problems did you work with at this site? \_\_\_\_\_

6. Does this agency specialize in a specific type of client and/or problem?  
 No  Yes (Specify: \_\_\_\_\_)

**PART II: EVALUATION OF SUPERVISOR**

(Circle one response for each item)

	<u>Outstanding</u>	<u>Good</u>	<u>Average</u>	<u>Below</u>	<u>Poor</u>
1. Was open to my ideas & opinions	5	4	3	2	1
2. Related well to me interpersonally	5	4	3	2	1
3. Helped me better understand my theoretical model(s)	5	4	3	2	1
4. Helped me better understand and use <b>family therapy models</b>	5	4	3	2	1
5. Assisted me in assessing interactions more skillfully	5	4	3	2	1
6. Helped me improve my therapy skills and techniques	5	4	3	2	1
7. Assisted me in learning how to develop better treatment plans	5	4	3	2	1
8. Made clear the expectations regarding supervision	5	4	3	2	1

9. Provided me with freedom to develop my own counseling style	5	4	3	2	1
10. Recognized & encouraged strengths	5	4	3	2	1
11. Recognized and assisted me with my areas of improvement	5	4	3	2	1
12. Was responsible in regards to supervision (on time, kept appointments, etc.)	5	4	3	2	1
13. Demonstrated appropriate ethical behavior	5	4	3	2	1
14. Was a positive role model	5	4	3	2	1
<b>OVERALL EVALUATION OF THE QUALITY OF MY SUPERVISION</b>	5	4	3	2	1

### PART III: EVALUATION OF PRACTICUM SITE

(Circle one response for each item)

	<u>Outstanding</u>	<u>Good</u>	<u>Average</u>	<u>Below</u>	<u>Poor</u>
1. Knowledge and skill of Professionals (administration, General staff, other supervisors)	5	4	3	2	1
2. Ability of professionals to relate to students	5	4	3	2	1
3. Amount of training provided	5	4	3	2	1
4. Quality of training provided (other than regular supervision)	5	4	3	2	1
<b>OVERALL RECOMMENDATION OF THIS SITE FOR OTHER PEPPERDINE STUDENTS</b>	5	4	3	2	1

#### **PART IV: DESCRIPTION OF PRACTICUM SITE EXPERIENCE**

Please describe what you believe are the major strengths and major weaknesses of your practicum site experience. This feedback is very important in the overall assessment of this site. Use the back of this form if additional space is needed.

**Strengths:**

**Weaknesses:**

**PLEASE CONTINUE TO THE NEXT PAGE**

## STUDENT PRACTICUM REQUIREMENTS TRACKING FORM

Student Name: \_\_\_\_\_

Student Practicum Instructor: \_\_\_\_\_

Dear Student: This form will help you keep track of practicum hours for this term. Use it in conjunction with your BBS Weekly Logs.

1. Under the second column, record weekly direct client contact hours.
2. In the third and fourth column fill in your supervision hours (individual & group) from your weekly logs. (Use decimals for partial hours).
3. In the fifth column, calculate *supervision units* for each week (1 supervision unit = 1 hour individual or 2 hours group).
4. In column six, number consecutively the weeks in which you received supervision (1, 2, 3, 4, etc).
5. **In column seven, each week that you received direct observation write in the date that the direct observation occurred.**
6. Going across the "Totals for Course" row, record totals of client contact and supervision at the bottom of each column.
7. If you receive an IP, bring this form and your weekly log to your CTC when you have made up missing requirements.
8. Submit this form to your instructor but keep a copy for your reference.
9. If you are in your second or third practicum term, include previous practicum and break hours in the "Totals Carried Forward" row, to ascertain your cumulative hours.

**Summer 2008** (Practicum course: \_\_\_\_ 2<sup>nd</sup>, \_\_\_\_ 3<sup>rd</sup>)

Column:	1	2	3	4	5	6	7
	Week of	Client Contact Hours	Individual Supervision Hours	Group Supervision Hours	Supervision Units (#)	Weeks of Supervision (1, 2, 3,)	Direct Observation (Date Occurred)
	May 5, 2008						
	May 12, 2008						
	May 19, 2008						
	May 26, 2008						
	June 2, 2008						
	June 9, 2008						
	June 16, 2008						
	<b>Totals for Course</b>						
	<i>Totals Carried Forward (hours earned during breaks and previous terms)</i>						
	<b>GRAND TOTALS</b>						

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Supervisor's Signature)\*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Practicum Instructor's Signature)

\_\_\_\_\_  
(Date)

**\*Supervisor is verifying only client contact hours, weeks of supervision and direct observation for the current term, i.e., May 5-June 20, 2008.**

**STUDENTS WHO ARE IN THEIR THIRD TERM OF PRACTICUM**

**MUST COMPLETE THIS PAGE.**

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**This section must be completed by third term practicum students only:**

<p align="center"><b>(A)</b></p> <p><b>TOTAL Direct Client Contact Hours accumulated over 6 Semester units of practicum</b>  <b>Note:</b> You must have a minimum of 150 hours of direct client contact to graduate. (Do not include telephone client contact hours.)</p>	<p align="center"><b>(B)</b></p> <p><b>Total Supervision Units Accumulated over 6 Semester units of practicum</b>  <b>Note:</b> 1 supervision unit = 1 hour individual or 2 hours group)</p>	<p align="center"><b>(C)</b></p> <p><b>Did you meet the 5:1 ratio for the minimum required 150 direct client contact hours?</b></p> <p><b>Note:</b> To determine your ratios divide your total direct client hours by 5. Your total supervision units (in section B) should meet or exceed this number. (i.e., if your total client contact hours = 250, you will divide this by 5 and 50 units of supervision will be required for all 250 to be counted toward licensure). If you do not have enough supervision units to meet the 5:1 client contact to supervision ratio, you will not be able to count excess client contact hours for licensure.</p>
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Total Direct Client Contact Hours _____	Total Supervision Units _____	Yes _____ No _____
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**Student Name** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

You should also attend the Intern Registration meeting (See Practicum Prep Website on [http://gsep.pepperdine.edu/academics/psychology/mftpracticum/info\\_mtg\\_flier.pdf](http://gsep.pepperdine.edu/academics/psychology/mftpracticum/info_mtg_flier.pdf) )