

**MURRAY STATE UNIVERSITY COUNSELING PROGRAM**  
**COUNSELING SUPERVISEE'S EVALUATION OF SITE-SUPERVISOR**

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

Name of Placement Site: \_\_\_\_\_

Name of Site Supervisor: \_\_\_\_\_

Period of Site Placement: \_\_\_\_\_

Please use the following scale to respond to the statements below:

Highly Unsatisfactory (unethical or illegal)	Unsatisfactory	Adequate	Satisfactory	Highly Satisfactory (good)
1	2	3	4	5

\_\_\_\_ This supervisor met with me in a timely manner when I requested it.

\_\_\_\_ This supervisor kept regularly scheduled weekly supervision appointments with me.

\_\_\_\_ This supervisor helped me identify appropriate learning goals for my clinical experience.

\_\_\_\_ This supervisor provided a supportive atmosphere where I felt I could be open about challenges I faced.

\_\_\_\_ This supervisor provided helpful information about specific techniques.

\_\_\_\_ This supervisor was open to my trying different theoretical approaches.

\_\_\_\_ I felt confident of this supervisor's level of skills.

Other comments I would like to make about this site include:

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date