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_______
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______________________________________________________________________________ % of time_______

Resident's Evaluation of Training Experience
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 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: _________________________________________________________________________________

______________________________________________________________________________________

Resident's Evaluation of Training Experience  2
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. Briefly summarize any group supervision in which you participated this evaluation period:

18. How many hours of group supervision did you receive each week other than Consortium didactics? _______

19. How productive were the group supervision experiences during this evaluation period for you?
   -- Usually productive  -- Inconsistently productive  -- Seldom productive

Comments:____________________________________________________________________________________
20. How useful for your professional growth were the monthly Consortium didactic activities?

___Usually useful    ___Inconsistently useful    ___Seldom useful

Comments:____________________________________________________________________________________

21. How helpful were the opportunities provided to interact with other 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 Resident  Signature of Resident  Date

Printed Name of Director of Training  Signature of Director of Training  Date