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_______

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