



Supervisor's Evaluation of the MFT Student

2500 E Nutwood Ave.

Fullerton, CA 92831

714-879-3901

Fax: 714-681-7226

Email: grad-admissions@hiu.edu

To: MFT Clinical Training Site Supervisor
From: MFT Clinical Training Director
Re: Evaluation Procedures

The primary on-site clinical training site supervisor is required to evaluate the student by providing the information requested on the enclosed form. **The completed evaluation should be reviewed with the student and signed by both the supervisor and the student.** The evaluation form should be returned to the student, and the student is then responsible for submitting it to the University.

The following core educational outcomes are emphasized within Hope International University's MFT program.

1. **Knowledge:** Student will demonstrate essential knowledge (1) related to clinical case conceptualization, diagnosis, intervention, and the use of community mental health resources, (2) knowledge of the principles of marriage and family therapy, and (3) to write and articulate their personal theoretical model for therapy.
2. **Professionalism:** Student will demonstrate skills that reflect high standards of professionalism and commitment to ethical and professional behavior consistent with the standards of counseling and psychology and Christian principles.
3. **Clinical:** Student will demonstrate clinical skills and the ability to apply innovative therapeutic techniques to meet the diverse needs of individuals and families.
4. **Research:** Student will be able to critically evaluate and conduct clinical research related to all aspects of therapy ensuring the highest quality of therapeutic skill.

Your evaluation should be shared with the student as part of the learning process and will be used by Hope International University as feedback regarding how well we have prepared the student prior to the clinical training placement and what weaknesses could be improved upon within the program. Thank you for your time, energy, and contribution to the student's training and development. Clinical supervisors play a vital role in the training of Hope International University's MFT students. We appreciate your dedication and commitment to this student. If you have questions or concerns regarding the evaluation process, please contact the MFT Clinical Training Director, Lisa Wilson, at (714) 879-3901 ext. 1236 or by email at ltwilson@hiu.edu.



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Name: _____ Date: _____

Supervisor: _____
Name Degree/Title License

Clinical Training Site: _____

Address: _____
Street City Zip Code

Telephone Number: _____

Dates covered by this evaluation: From _____ to _____

Total hours accrued by the student in this clinical training site: _____

1. Which best describes the nature of your supervision with the student (*please check one*):

- Individual (one to one)
- Group Supervision
- Other _____

2. How many hours per week does the student:

- Do clinical work _____ hours per week
- Do administrative work _____ hours per week
- Have supervision _____ hours per week

3. How long have you been supervising the student? _____

4. Briefly describe the type of client problems with which the student has worked: _____

5. Indicate how often you have actually observed the student doing clinical work: (*please check one*)

- Often
- Some
- Seldom
- None (*supervision only*)

6. Indicate the methods used in your supervision of the student:

- Case Report
- Audiotapes of client sessions
- Videotapes of client sessions
- Other methods: _____

7. What theoretical orientation(s) do you use in supervision:

- Systems
- Cognitive
- Behavioral
- Psychodynamic
- Existentialism
- Other: _____

Please evaluate the student in the following areas of knowledge, skill, and professionalism.

Knowledge

The student has demonstrated knowledge of:

	Deficient	Developing	Sufficient	Skilled	Exceptional	Not Applicable
1. Basic counseling skills.	1	2	3	4	5	N/A
2. Risk factors associated with suicidality, child abuse and neglect, and threats of violence.	1	2	3	4	5	N/A
3. Legal mandates in counseling.	1	2	3	4	5	N/A
4. Ethical concerns in counseling, including boundaries dual relationships, and countertransference.	1	2	3	4	5	N/A
5. Indications and contraindications for therapy.	1	2	3	4	5	N/A
6. The complexities of the patient-therapist relationship.	1	2	3	4	5	N/A
7. The clinical impact of multicultural issues.	1	2	3	4	5	N/A

Skill

The student has demonstrated the ability to:

	Deficient	Developing	Sufficient	Skilled	Exceptional	Not Applicable
1. Establish treatment goals consistent with the client's presenting problem.	1	2	3	4	5	N/A
2. Understand the client as a unique individual with his/her family, sociocultural, and community structure.	1	2	3	4	5	N/A
3. Determine which interventions are in the best interest of the client and exercise caution about basing interventions on client's needs.	1	2	3	4	5	N/A
4. Support, promote, and recognize the client's ability to achieve goals that will promote his/her well being.	1	2	3	4	5	N/A
5. Provide strategies to manage problems with affect regulation, thought disorders, and impaired reality testing.	1	2	3	4	5	N/A
6. Confront in a collaborative manner behaviors that are dangerous and/or damaging to the client.	1	2	3	4	5	N/A
7. Seek appropriate consultation and/or referral for specialized treatment.	1	2	3	4	5	N/A
8. Assist the client in developing skills for self-assessment.	1	2	3	4	5	N/A
9. Display a working knowledge of various therapeutic interventions and techniques as applied to marriage and family therapy.	1	2	3	4	5	N/A
10. Demonstrate knowledge of current trends and research methods in the field of marriage and family therapy.	1	2	3	4	5	N/A
11. Apply ethical and legal standards in the field of marriage and family therapy.	1	2	3	4	5	N/A
12. Articulate a personal therapeutic approach.	1	2	3	4	5	N/A
13. Articulate issues of diversity, transference/countertransference and professional ethics in light of their own personal faith.	1	2	3	4	5	N/A
14. Demonstrate awareness of diversity and practice culturally sensitive family therapy.	1	2	3	4	5	N/A
15. Present a case in a clear, well organized, and appropriately detailed manner.	1	2	3	4	5	N/A
16. Maintain appropriate boundaries with clients.	1	2	3	4	5	N/A

Professionalism

The student demonstrated:

Deficient Developing Sufficient Skilled Exceptional Not Applicable

1. Interest and enthusiasm.	1	2	3	4	5	N/A
2. Capacity to learn and grow from feedback and supervision.	1	2	3	4	5	N/A
3. Personal qualities that are intimately related to counseling such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.	1	2	3	4	5	N/A
4. Professionalism in appearance, dress, and presentation.	1	2	3	4	5	N/A
5. Establish and maintain a therapeutic alliance.	1	2	3	4	5	N/A
6. Interact in a direct and non-threatening manner.	1	2	3	4	5	N/A
7. Familiarity with psychotherapy resources that are available to them.	1	2	3	4	5	N/A
8. Awareness and learns from his/her own errors.	1	2	3	4	5	N/A
9. An effective working relationship with other professionals.	1	2	3	4	5	N/A

Please evaluate the student in the following areas:

1. Overall assessment of student's performance in the clinical training site: _____

2. Specific strengths of the student: _____

3. Specific areas needing improvement: _____

4. Other comments (*attach additional sheets if needed*): _____

Supervisor's Signature: _____ Date: _____

My signature below indicates that I have read this evaluation. I am aware that I have the right to respond to this evaluation in writing and to have my response placed in my student file along with the evaluation.

Student's Name: _____

Student's Signature: _____ Date: _____

Thank you for the time, dedication, and training that you have provided to this student. **The completed evaluation should be reviewed with the student, and signed by both the supervisor and the student.** The evaluation form should then be returned to the student which the student is then responsible for returning to the University. Thank you.