



Candidate's Evaluation of Supervisor

Candidate:

Supervisor:

Case:

Supervision Hours to Date:

RETURN THIS FORM TO:

EMAIL info@cicapp.ca

MAIL: CICAPP ADMINISTRATION OFFICE 17 SADDLETREE TRAIL, BRAMPTON, ON, L6X 4M5

NOTE: If you email the form, please also include a hard copy, signed by yourself and your supervisor along with your case or assessment report.

Creates an open learning environment

(Encourages inquiring attitude; facilitates learning; is open to candidate's ideas; is able to accept feedback and admit mistakes; tolerates candidate's mistakes).

Able to communicate clinical and theoretical ideas and suggestions

(Assists application of theory to clinical practice; offers practical suggestions and helpful interpretations; directs attention to relevant literature; provides feedback that stimulates thinking).

Responsive to candidate's needs

(Available, reliable and punctual; allows candidate's own style to develop; appropriate to candidate's training and experience; constructive without being overly critical; empathic to candidate's difficulties/doubts).



Uses his/her own experience to enhance supervision

(Gives helpful examples from own experience; uses supervisory relationship to illustrate aspects of the treatment process).

Additional Comments/Concerns:

Signatures

Candidate _____ Date _____

Supervisor _____ Date _____

Sign & return the form along your case or assessment report.