***Part I: Basic Information***

**Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Name: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trimester: 1st 2nd 3rd**

**Date of Scheduled Observation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did Client/Patient Arrive: Y N Attempts to Reschedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time Spent Observing (in minutes): \_\_\_\_ Type of Encounter: Intake Follow-up**

***Part II: Supervisor Evaluation***

Rating Descriptions

**7—Excellent**

**6—Very good**

**5—Good**

**4—Area of growth**

**3—Below expected level**

**2—Unsatisfactory**

**1—Remedial (requires formal remediation plan)**

**N/A**

Domains Evaluated

1. Identify trainee role and discuss limits of confidentiality

**1 2 3 4 5 6 7 N/A**

1. Establish rapport/engagement with patient/client

**1 2 3 4 5 6 7 N/A**

1. Focus therapy/intervention to appropriate target

**1 2 3 4 5 6 7 N/A**

1. Assessment, diagnostic, and conceptual skills

**1 2 3 4 5 6 7 N/A**

1. Intervention and treatment planning

**1 2 3 4 5 6 7 N/A**

1. Professional consultation and collaboration

**1 2 3 4 5 6 7 N/A**

1. Sensitivity to individual and cultural diversity

**1 2 3 4 5 6 7 N/A**

1. Adherence to ethical standards

**1 2 3 4 5 6 7 N/A**

1. Professional conduct

**1 2 3 4 5 6 7 N/A**

1. Self-awareness during visit

**1 2 3 4 5 6 7 N/A**

1. Practice management (including visit length, timely documentation)

**1 2 3 4 5 6 7 N/A**

1. Crisis management

**1 2 3 4 5 6 7 N/A**

***Part III: Additional Comments***

***Part IV: Review and Signatures***

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**Intern Name (Printed) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Intern Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Name (Printed) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature**