**Supervision Session Rating Scale**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Please rate today’s session by placing a cross on the line nearest to the description that best fits your experience. I’d appreciate a short written a comment underneath.** |

**Relationship:**

I felt heard, understood, and respected by supervisor or group

I did not feel heard, understood, and respected by supervisor or group

I-------------------------------------------------------------------------I

Comment:……………………………………………………….

…………………………………………………………………..

…………………………………………………………………..

**Goals and Topics:**

We worked on and talked about what I wanted to work on and talk about

We did *not* work on or talk about what I wanted to work on and talk about

I------------------------------------------------------------------------I

Comment:………………………………………………………

…………………………………………………………………

 …………………………………………………………………

The supervisor’s approach is a good fit for me.

**Approach or Method:**

The supervisor’s approach is not a good fit for me.

I-------------------------------------------------------------------------I

Comment:……………………………………………………….

…………………………………………………………………..

 …………………………………………………………………..

**Overall:**

Overall, today’s session was helpful for me

There was something missing in the session

today

I------------------------------------------------------------------------I

Comment:……………………………………………………….

…………………………………………………………………..

…………………………………………………………………..

Adapted from Institute for the Study of Therapeutic Change

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