

Department of Kinesiology Graduate Internship Program

STUDENT NAME:

STUDENT ID:

Evaluation of the Agency Supervisor

Instructions: Please rate the quality of supervision you received by your agency supervisor during the internship.

Use the following scale:

Exc	ellent	More than adequate	Adequate	Less than adequate	Poor	Not applicable	
	5	4	3	2	1	NA	
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ITEM						SCORE	
1.	Interested in your development.						
2.	Willingness to discuss the full range of activities at the agency.						
3.	Ability to respond to your problems and to help you work toward solutions.						
4.	Quality of conferences with agency supervisor.						
5.	Adequacy of arrangements made to orient you to the agency.						
6.	Sensitivity to your needs in accomplishing your objectives.						
7.	Expression of encouragement and sincerity.						
8.	Understanding of philosophy and practices in the profession.						
9.	Flexibility in arranging your task in light of changing situations within the agency and your increasing professional competencies.						
10.	Openness to change, innovation, and new techniques.						

Additional Comments (use other side of this sheet if necessary):