

# CBT Supervisor Evaluation Rating Form (CBT-SERS)

Dear Student: In an effort to enhance the quality of our supervision for the Cognitive Behavior Therapy Program for Anxiety and Depression, we would like you to complete this supervisor evaluation form. Please remember that your comments will remain confidential and will only be shared with Dr. McGinn and the clinic coordinator. Thank you for your time and effort.

**1. Date:**

**2. Supervisor Name**

**3. Dates Supervised:**

**4. How closely did your supervisor stay to the Cognitive Behavioral model?**

**5. How helpful was your supervisor in helping you develop a cognitive behavioral case conceptualization of your patient?**

**6. How helpful was your supervisor in helping you implement CBT techniques that specifically targeted your patient's problems?**

**7. Did you and your supervisor have a collaborative relationship? Please explain.**

**8. On a scale of 1-5 (1 being no guidance), how much guidance did your supervise provide you? Please explain.**

**9. Interpersonally, how comfortable were you with your supervisor?**

**10. How reliable was your supervisor in terms of returning your phone calls, scheduling supervision appointments, etc.?**

**11. What is your overall rating of this supervisor?**

- 1= poor
- 2
- 3
- 4
- 5= average
- 6
- 7
- 8
- 9
- 10= excellent

**12. Would you recommend using this supervisor next year?**

**13. Were there any problems with your supervisor?**

**14. Additional Comments**