

Progress Report

Supervisee _____ Supervisor _____

Covering Time Period _____ To _____

	Poor				Excellent
1. Ability to establish a professional relationship.	1	2	3	4	5
2. Ability to assess client's needs and to plan appropriate interventions.	1	2	3	4	5
3. Ability to make interventions appropriate to client needs.	1	2	3	4	5
4. Ability to be flexible in choosing and changing interventions as appropriate.	1	2	3	4	5
5. Ability to assess prudently one's own capacities and skills in a professional situation.	1	2	3	4	5
6. Ability to work effectively in a one-to-one relationship.	1	2	3	4	5
7. Ability to work effectively in a group situation.	1	2	3	4	5
8. Ability to work effectively where systems level interventions are required.	1	2	3	4	5

Please identify any areas of concern regarding the supervisee's performance.

Total Number of Clinical Face-To-Face Hours Completed _____

Supervisee Signature _____ Date _____

Supervisor Signature _____ Date _____