[Insert organisation name/logo]

**Annual clinical supervision evaluation form (for supervisee)**

**Note\***

This template is an example of an evaluation form for the **supervisee to provide feedback to the clinical supervisor.** It is adapted from the NSW Health Drug and Alcohol Clinical Supervision Guidelines (2018) and The Super Guide: A Handbook for Supervising Allied Health Professionals (2012) Second Ed, HETI Resource.

\*Please delete note before using the template.

This form is designed to help you, your team and the organisation as a whole to gain the most out of your clinical supervision. All responses are anonymous. Your responses will be provided to the Manager of your service for consideration for future clinical supervision.

**1. How helpful has clinical supervision been? (Please circle)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not at all helpful Very helpful

**2. Are your clinical supervision goals and expectations being met?**

c Yes c No

**3. Why are these goals and expectations not being met?**

|  |
| --- |
|  |

**4. What have been the most helpful aspects of clinical supervision for you?**

|  |
| --- |
|  |

**5. What have been the least helpful aspects of clinical supervision?**

|  |
| --- |
|  |

**6. Have you identified any opportunities for improvement to the supervision process?**

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| --- |
|  |

**10. Do you have any additional comments about your clinical supervision?**

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| --- |
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