

NV-PIC Program Evaluation: *To be completed by intern at 3-months, 7-months, and end of training year and discussed with supervisor during intern evaluation meeting*

Intern: _____ Supervisor(s): _____

Dates of Evaluation: _____ to _____

This Program Evaluation is utilized by NV-PIC to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any ratings of "Poor" or "Fair" will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively.

Please rate your weekly group training activities.

Didactic Lectures

Poor

Fair

Good

Excellent

Group Supervision

Poor

Fair

Good

Excellent

Peer Professional Development Group

Poor

Fair

Good

Excellent

Treatment Team Meetings (per site)

Poor

Fair

Good

Excellent

Please provide additional comments/feedback about the group training activities:

Overall Quality of Training in Major Areas of Professional Functioning

For the following questions, please consider training you have received through **didactic seminars**, **professional development** opportunities, as well as **experiential training**.

Evidence-Based Practice in Behavioral Health Intervention

Poor

Fair

Good

Excellent

Comments:
Evidence-Based Practice in Assessment and Diagnosis
PoorFairGoodExcellent
Comments:
Consultation and Interprofessional/Interdisciplinary Collaboration
PoorFairGoodExcellent
Comments:
Supervision
PoorFairGoodExcellent
Comments:
Cultural and Individual Diversity
PoorFairGoodExcellent
Comments:
Research
PoorFairGoodExcellent

Comments:
Ethical and Legal Standards
PoorFairGoodExcellent
Comments:
Professional Values and Attitudes
PoorFairGoodExcellent
Comments:
Communication and Interpersonal Skills
PoorFairGoodExcellent
Comments:
Reflective Practice
PoorFairGoodExcellent
Comments:
Please provide additional comments/feedback about the NV-PIC's overall training in the major areas of professional functioning:

Please answer the following questions regarding your experience at NV-PIC.

Overall quality of training

Poor

Fair

Good

Excellent

Breadth of clinical intervention experience

Poor

Fair

Good

Excellent

Satisfaction with number of client contacts

Poor

Fair

Good

Excellent

Clarity of expectations and responsibilities for intern

Poor

Fair

Good

Excellent

Role of intern at site

Poor

Fair

Good

Excellent

Appropriate caseload to meet educational needs

Yes

No

Please provide additional comments/feedback about your experience at NV-PIC:

Please answer the following question regarding your supervision experiences.

Helpfulness of supervision

Poor

Fair

Good

Excellent

Ability of supervisors

Poor

Fair

Good

Excellent

Frequency of supervision

Poor

Fair

Good

Excellent

Supervisors as professional role models

Poor

Fair

Good

Excellent

Effectiveness of teaching
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>
Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:

Please answer the following questions regarding your secondary supervisor(s). If you have more than one secondary supervisor, please rank each seperately in the spaces provided. If you did not have a secondary supervisor, please leave this section blank:
Secondary Supervisor 1:
Overall Quality of Supervision
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>
Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:
Secondary Supervisor 2:
Overall Quality of Supervision
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>
Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:

Please answer the following questions regarding your elective rotation(s). If you completed multiple elective rotations, please rank each rotation seperately in the spaces provided. If you did not complete an elective rotation, please leave this section blank:
Elective Rotation 1. (if applicable)
Name/focus of elective:
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>
Quality of Supervision
<i>Poor</i> <i>Fair</i> <i>Good</i> <i>Excellent</i>

Please provide additional comments/feedback about your first elective and/or elective supervision:

Elective Rotation 2. (if applicable)

Name/focus of elective:

Poor

Fair

Good

Excellent

Quality of Supervision

Poor

Fair

Good

Excellent

Please provide additional comments/feedback about your second elective and/or elective supervision:

Please answer the following miscellaneous items regarding your internship experience.

Orientation

Poor

Fair

Good

Excellent

Comments/Recommendations for enhancement

Intern Socialization Opportunities

Poor

Fair

Good

Excellent

Comments/Recommendations for enhancement

Please provide any other feedback and recommendations that you believe might be helpful or might improve the internship:

Please provide any feedback that you think would help improve this program evaluation survey:

Supervisor's Signature

Date:

Intern's Signature

Date: