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| --- |
| **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* |
| Minor Rotation Trainings |
| *Poor Fair Good Excellent* |
| Process Group |
| *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 |
| *Poor Fair Good Excellent* |
| Comments: |
| Consultation and Interprofessional/Interdisciplinary Collaboration |
| *Poor Fair Good Excellent* |
| Comments: |
| Supervision |
| *Poor Fair Good Excellent* |
| Comments: |
| Cultural and Individual Diversity |
| *Poor Fair Good Excellent* |
| Comments: |
| Research |
| *Poor Fair Good Excellent* |
| Comments: |
| Ethical and Legal Standards |
| *Poor Fair Good Excellent* |
| Comments: |
| Professional Values and Attitudes |
| *Poor Fair Good Excellent* |
| Comments: |
| Communication and Interpersonal Skills |
| *Poor Fair Good Excellent* |
| Comments: |
| Reflective Practice |
| *Poor Fair Good Excellent* |
| 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 questions regarding your minor rotation(s). If you completed multiple minor rotations, please rank each rotation seperately in the spaces provided:** |
| **Minor Rotation 1.** |
| Name/focus of minor rotation: |
| *Poor Fair Good Excellent* |
| Please provide additional comments/feedback about your first minor rotation: |
| **Minor Rotation 2. (if applicable)** |
| Name/focus of minor rotation: |
| *Poor Fair Good Excellent* |
| Please provide additional comments/feedback about your second minor rotation: |
|  |
| **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 |
| *Poor Fair Good Excellent* |
| Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above: |
|  |
| **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: \_\_ |
|  |