



BOARD OF EXAMINERS
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Marriage and Family Therapist Supervisee Evaluation & Termination of Supervision

Supervisee: _____ Supervisor: _____

Date Plan of Supervision was approved by the Board of Examiners: _____

Reporting Period From: _____ to _____ Date this form was completed: _____
(Month/Year) (Month/Year)

Which evaluation is this? Check your answer(s)

- # 1 (Ten to Twelve Months) # 2 (Final Evaluation, 24 to 36 months)
 Termination of Supervision Other evaluation (describe) _____

Please Note: Evaluations of the supervisee are to be completed by the supervisor during consultative sessions with the supervisee and submitted by the supervisor to the Board in a timely manner when completed. Supervisors are reminded that an explanation will likely be requested by the Board if a supervisee scores very high (e.g., all tens) on their evaluation, especially on the first evaluation. Supervisory comments are to be noted in the designated place for each evaluative tool submitted.

In the event the above-named person who provided the supervision cannot be located or is deceased- if the supervision was provided in a training center or other agency, the current supervisor may complete this form to the best of their knowledge and attest to the supervision based on a review of the available records.

EVALUATION

What theory base or therapy underlies the supervisee's practice?

Does the supervisee demonstrate an understanding of assessment & treatment planning? Yes No

If not, how are you addressing the deficiency?

Does the supervisee understand Mississippi's laws and rules regulating LMFTs? Yes No

Do you routinely discuss the above with emphasis on the AAMFT Code of Ethics? Yes No

Please rate the following on a 0 to 10 likert scale (e.g., 0= not able to observe; 1 = Major Weakness, 5= Acceptable Performance, but still needs improvement, 10 = Exemplary Performance)

1. Quality of performance in relation to other professionals; generates respect and productive client-oriented outcomes from interactions with other professionals and agencies rather than allowing reactivity and/or mood/affect to interfere with work and professional performance.
 - ① Not able to observe
 - ① - ② Frequent substantiated complaints about quality of services or behavior that has a negative impact on clients, the MFT profession, professional/personal reputation, other professionals and agencies.
 - ③ - ④ Has occasional conflicts with professional or agency standards resulting in negative consequences.
 - ⑤ - ⑥ Quality of work remains at an acceptable level, initiates corrective action when problems begin to interfere with work.
 - ⑦ - ⑧ Work performance and relationships with other professionals have productive outcomes.
 - ⑨ - ⑩ Demonstrates exemplary work performance and relationships which are frequently substantiated in formal and informal contacts with other clients, agencies, and professionals.

2. Ability to prepare for and use supervision; recognizes and accepts role of learner; reflects on and generalizes learning from one experience to another; profitably uses supervisor feedback.
 - ① Not able to observe.
 - ① - ② Accepts supervision only when forced; attitude remains negative.
 - ③ - ④ Uses scheduled supervisory meetings, but is reluctant to seek help.
 - ⑤ - ⑥ Prepares for scheduled meetings and initiates meetings. Performance indicates use of supervisory interchange.
 - ⑦ - ⑧ Consistently prepared for supervision; work indicates maximum use of supervision.
 - ⑨ - ⑩ Creative. Able to present thoughtful, detailed analysis of options to supervisor; realistic in accepting limitations in resources.

3. Commitment to MFT profession and its ethics.
 - ① Not able to observe.
 - ① - ② Violates ethical standards.
 - ③ - ④ Usually does not violate professional ethical standards.
 - ⑤ - ⑥ Acts ethically.
 - ⑦ - ⑧ Consistently acts ethically, very good knowledge of ethical standards.
 - ⑨ - ⑩ Strict adherence to and promotion of professional ethics.

4. Self Evaluation: Ability to identify, assess, and take responsibility for own behaviors, feelings, beliefs impacting performance as a therapist.
 - ① Not able to observe.
 - ① - ② Does not demonstrate ability or willingness to evaluate self, rarely acknowledges the need to self-evaluation, rarely takes responsibility for own behaviors, feelings, and beliefs.
 - ③ - ④ Limited awareness of, and/or sense of responsibility for, own behaviors, feelings, and beliefs that impact professional performance.
 - ⑤ - ⑥ Acceptable level of self-awareness, self-responsibility, and flexibility.
 - ⑦ - ⑧ Consistently demonstrates self-awareness and responsibility for own behaviors, feelings, and beliefs that impact professional performance.
 - ⑨ - ⑩ Demonstrates ongoing self-evaluation, self-responsibility, and adaptation of self to promote positive outcome.

5. Commitment to continued professional learning.

- ① Not able to observe.
- ① - ② Demonstrates no desire for continuing professional education.
- ③ - ④ Infrequently reads professional literature; reluctantly takes advantage of learning opportunities.
- ⑤ - ⑥ Takes initiative in seeking continuing education opportunities, reads professional literature.
- ⑦ - ⑧ Consistently seeks continuing education experiences; frequently reads professional literature.
- ⑨ - ⑩ Actively seeks continuing education experiences; avid reader of professional literature.

6. Ability to formulate and implement treatment approaches.

- ① Not able to observe.
- ① - ② Does not demonstrate knowledge or ability to use organized, effective treatment techniques; client is rarely informed about the particular approach, length of treatment, and goals of treatment.
- ③ - ④ Limited ability to involve client in goal determination and to provide specific treatment according to the assessment.
- ⑤ - ⑥ Ability to develop, plan, and select most effective strategies and provide interventions at the expected level with client involvement.
- ⑦ - ⑧ Effectively provides treatment.
- ⑨ - ⑩ Exceptionally effective and creative in providing effective, appropriate interventions in the most complex circumstances.

7. Ability to establish effective professional relationships with clients; promotes conditions fostering trust in a therapist-client relationship that allows for growth, self-reflection, and change.

- ① Not able to observe.
- ① - ② Demonstrates difficulties in establishing relationships; allows unproductive, negative situations to develop.
- ③ - ④ Demonstrates ability to relate appropriately and constructively with clients, but occasionally has problems that discourages client trust and growth.
- ⑤ - ⑥ Demonstrates the purposeful use of self and client in developing, maintaining, and terminating trusting therapist-client relationships.
- ⑦ - ⑧ Consistently demonstrates sensitivity to issues in the therapist-client relationship, ability to establish and maintain rapport and trust with clients.
- ⑨ - ⑩ Demonstrates non-judgmental acceptance and consistently develops positive, productive therapist-client relationships including the most difficult clients.

8. Ability to communicate orally.

- ① Not able to observe.
- ① - ② Communication is disorganized, vague, general and irrelevant.
- ③ - ④ Expresses self well enough to be understood.
- ⑤ - ⑥ Ability to organize and concisely incorporate relevant data in the presentation.
- ⑦ - ⑧ Above average ability to express self consistently in an organized manner with concise, relevant presentation of data.
- ⑨ - ⑩ Ability to communicate based on understanding of sociocultural differences such as ethnicity and age; ability to use appropriate language in a clear manner.

9. Ability to communicate in writing.

- ① Not able to observe.
- ① - ② Communication is disorganized, vague, general and irrelevant.
- ③ - ④ Expresses self well enough to be understood.
- ⑤ - ⑥ Ability to organize and concisely incorporate relevant data in the presentation.
- ⑦ - ⑧ Above average ability to express self consistently in an organized manner with concise, relevant presentation of data.
- ⑨ - ⑩ Ability to communicate based on understanding of sociocultural differences such as ethnicity and age; ability to use appropriate language in a clear manner.

Evaluate the strengths and weaknesses of the supervisee at the present time:

Describe the supervisee's professional growth in the last six months:

Describe the supervisee's goals for professional growth in the next six months:

Do you have any concerns regarding this supervisee being licensed? Yes No

If yes, please describe your concerns. Attach additional comments if needed:

Is this supervisee competent and practicing at an acceptable standard within the profession as a whole?

Yes No

Additional Comments: _____

REPORTED CONTACT AND SUPERVISION HOURS

DATES	DIRECT CLIENT CONTACT HOURS			SUPERVISION HOURS		
Month/Year	Individual	Relational	Total	Individual	Group	Total
EXAMPLE: May, 2012	37	42	79	2.5	1.5	4.0
SUBTOTALS						

 Approved Supervisor Signature Printed Name Date

 License # _____ Renewal Date _____

Alternate Supervisor Attestation

If above-named supervisor is unable to complete this form, your current training center or agency supervisor may complete and sign below. You must explain the reason that the supervisor was not able to complete the form.

After a diligent and thorough search of available records, I attest that this applicant’s description of his/her supervision of marriage and family therapy is a true and accurate record of the supervision provided through this office by the above-named supervisor.

Current Supervisor’s Signature Printed Name Date

Name of Agency or Center _____

Address _____

 City State Zip County

Phone Number (____) _____ Alternate (____) _____

Reason supervisor could not complete form: _____

Has the Supervisee read and received a copy of this evaluation? Yes No
 If no, why? _____

TERMINATION OF SUPERVISION

In recommending this candidate, the supervisor must be willing to substantiate this recommendation to the Board.

I, _____, Licensed Marriage and Family Therapist and approved supervisor by the Board, certify that I supervised _____ in the field of marriage and family therapy from _____ to _____ while he/she was employed at _____. I provided _____ total hours of supervision.

1. Title of Supervisee's Position _____

2. Supervisee's duties and responsibilities:

3. Reason for Termination of Supervision:

4. Extent of knowledge of supervisee's professional and ethical behaviors:

Limited Moderate Thorough

5. Please check the appropriate level of recommendation for licensure as a LMFT:

Highly recommend Recommend
 Recommend with reservation Do not recommend

Attach an explanation if you checked 'I recommend with reservation' or 'I do not recommend'.

Signature: _____

Please return completed form to the address above.