

UArizona PIC Doctoral Internship Program Evaluation: *To be completed by intern*

Intern: _____

Supervisor(s): _____

Evaluation Interval (Please Circle): **Mid-Point** **End of Year**

This Program Evaluation is utilized by UArizona PIC to 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.

Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent

OVERALL INTERNSHIP EXPERIENCE	
Overall quality of training	
Opportunities for professional socialization with intern cohort	
Breadth of clinical intervention and assessment experience	
Satisfaction with number of client contacts	
Clarity of expectations and responsibilities for intern	
Case load was appropriate to meet educational needs	

Please provide any additional comments/feedback about your experience and provide explanations for any "poor" or "fair" ratings:

WEEKLY GROUP TRAINING OPPORTUNITIES	
Weekly Didactic Seminar	
Group Supervision	
Journal Club	

Please provide any additional comments/feedback about your experience and provide explanations for any "poor" or "fair" ratings:

Overall Quality of Training Within Required Competency Areas

For the following items, please rate the quality of the training you have received in each. Please consider your experience with **didactic seminars, professional development opportunities, and supervision**, as well as **direct clinical experiences and other experiential training**.

Research

Quality of Training

Comments:

Ethical and Legal Standards

Quality of Training

Comments:

Individual and Cultural Diversity

Quality of Training

Comments:

Professional Values, Attitudes, and Behaviors

Quality of Training

Comments:

Communication and Interpersonal Skills

Quality of Training

Comments:

Assessment

Quality of Training

Comments:

Intervention

Quality of Training

Comments:

Supervision (recall that, for the purposes of this evaluation, you are rating the training you received in this required area of competence, NOT the supervision you received)

Quality of Training

Comments:

Consultation and Interprofessional/Interdisciplinary Skills

Quality of Training

Comments:

Please provide additional comments/feedback about the NV-PIC's overall training in the major areas of professional functioning:

Please answer the following question regarding your experiences with supervision.

Helpfulness of supervision

Availability of supervisors

Frequency of supervision

Supervisors as professional role models

Effectiveness of teaching

Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:

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: _____