

Supervisee Satisfaction of Supervision Scale (S⁴)

Student's Name: _____

Student Supervisor's Name: _____

Faculty Instructor Overseeing Process: _____

Semester and Year of Supervision _____

(Under development by Tom Krieshok and the University of Kansas CPSY practicum students)

Please circle the number that best reflects your experience during today's supervision session, where numbers to the left represent low levels (low satisfaction) and numbers to the right indicate high levels (high satisfaction)

Today's activities and/or discussions were not valuable to my work with clients and/or my development

1 2 3 4 5 6 7 8 9 10

Today's activities and/or discussions were valuable to my work with clients and/or my development

We did not focus on what I wanted to focus on

1 2 3 4 5 6 7 8 9 10

We focused on what I wanted to focus on

Feedback was communicated in a way that made it difficult to hear

1 2 3 4 5 6 7 8 9 10

Feedback was communicated in a way that I could easily hear (not too harsh, demanding, etc.)

Today's session was not worth my time

1 2 3 4 5 6 7 8 9 10

Today's session was worth my time

Additional Comments: