

LEWIS & CLARK  
GRADUATE SCHOOL OF EDUCATION AND COUNSELING  
DEPARTMENT OF COUNSELING PSYCHOLOGY  
MARRIAGE, COUPLE, AND FAMILY THERAPY PROGRAM

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**Documentation of Supervisee Evaluation**

Student Name: \_\_\_\_\_ Term: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Placement Site: \_\_\_\_\_

Our signatures below verify that we have discussed the electronically completed supervisee evaluation.

Please note any disagreement between supervisee and supervisor about this evaluation.

List at least three supervisee goals that have evolved as a result of your discussion.

- 1.
- 2.
- 3.
- 4.
- 5.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisee Signature \_\_\_\_\_ Date \_\_\_\_\_

*Student must upload a copy of this form on TaskStream with the printed copy of the electronic supervisee evaluation.*