**Mindfulness-based Cognitive Therapy Training**

**Supervision Feedback Questionnaire – to be completed at the end of supervision**

Site:

Please rate the supervision sessions by highlighting the appropriate number for each criterion using the following ratings:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 = Excellent | 4 = Good | 3 = Satisfactory | 2 = Unsatisfactory | 1 = Unacceptable |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. CONTRACTING PROCESS** | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |
| **2. STRUCTURE OF SESSIONS** | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |
| **3. SUPERVISORY RELATIONSHIP** | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |
| **4.FEEDBACK RECIEVED** | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |
| **5. YOUR PARTICIPATION IN LEARNING** | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |
| **6. HELPED DEVELOPMENT OF MINDFULNESS-BASED TEACHING SKILLS** | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **7. HELPED THEORETICAL DEVELOPMENT**  | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **8. HELPED PERSONAL MINDFULNESS PRACTICE DEVELOPMENT**  | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |

Please list up to three of the best features of these supervision sessions:

Please list up to three features of these supervision sessions that you feel could be improved upon, and please give suggestions if possible: