

Date

Specific Nature and Content of Supervision Sessions

Hours

Initials

2.0 Supervisee's Progress and Development

Supervisee's Strengths:

Supervisee's Weaknesses:

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Has the Supervisee performed through the year at a level appropriate to training and position held? ____ (Y/N) If "NO", does the Supervisee now require immediate improvement in any specific area(s) of knowledge or practice? ____ (Y/N) If "YES", specify area(s):

3.0 Supervision

Has supervision taken place as proposed in the Conduct of Supervision section of the Supervision Plan? ____ (Y/N) If "NO", please describe and account for any deviations from the Plan:

Does the Supervisor have any reservations about supervision? ____ (Y/N)
If "YES", state your reservations:

4.0 Supervisee's Professional Experience

Has the Supervisee's experience been as defined in the Proposed Experience section of the Supervision Plan? ____ (Y/N) If not, please describe and account for any deviations from the Proposed Experience:

5.0 Supervisee's Comments *(to be completed by Supervisee only)*

6.0 Certification

We certify that this report is complete and accurate

Supervisor

Date

Supervisee

Date