IITAP
International Institute for
Trauma & Addiction Professionals

Candidate Consultation Session Notes

Candidate Name: _____ Date: _____

Supervisor Name: _____

Session Type: ☐ Individual ☐ Group Session Format: ☐ Telephone ☐ In person ☐ Webcam

A. Summary of session content:

B. Impressions about the Candidate's performance in consultation and in counseling:

C. Candidate's progress on tasks and goals of consultation:

D. Plan *(Interventions, tasks)*:

_____
Supervisor's Printed Name

_____
Supervisor's Signature Date

Supervisor	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date: