
Candidate Interim Evaluation

A minimum of 30 hours of supervision must be obtained by each Candidate:

- **Session Type Requirements:** A minimum of 5 hours must be face to face (individual or group, in person or webcam)
- **Session Format Requirements:** A minimum of 10 hours must be individual

Candidate Name: _____ Date: _____

Supervisor Name: _____

| Session Format | Session Type | | |
|----------------------------|--------------|-----------|--------|
| | Telephone | In Person | Webcam |
| Individual | | | |
| Group | | | |
| Total | | | |
| Total Hours to Date | | | |

A. Candidate's progress to date:

B. Progress on Supervisor goals:

C. Proposed future intervention strategies:

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D. Recommendations to Candidate regarding areas of deficiency or concern:

1. Additional training or education:

2. Additional supervisor consultation hours:

3. Personal Therapy *(If this recommendation is made, it is optimal for the Supervisor to contact the Candidate in order to present the issues of concern):*

E. Other

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: |
|-------------------|---|-----------|-------|