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## Candidate Interim Evaluation

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**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 Type			
Session Format	Telephone	In Person	Webcam
Individual			
Group			
<b>Total</b>			
<b>Total Hours to Date</b>			

**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

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