

# ***Postdoctoral Supervision Documentation***

Supervisee: \_\_\_\_\_

Educational level: \_\_\_\_\_

Area of specialization: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Area of specialization: \_\_\_\_\_

Address: \_\_\_\_\_

Office phone number: \_\_\_\_\_

\_\_\_\_\_

License number: \_\_\_\_\_

\_\_\_\_\_

State granted: \_\_\_\_\_

Name of setting: \_\_\_\_\_

Nature of setting: \_\_\_\_\_

Dates of practice covered in this report: From \_\_\_\_\_ To \_\_\_\_\_

Total number of practice hours: \_\_\_\_\_ Number of Months: \_\_\_\_\_

Total number of one-to-one general/professional supervised hours per wk: \_\_\_\_\_

Total number of one-to-one specific case discussion/skill training per wk: \_\_\_\_\_

Total number of supervised hours: \_\_\_\_\_

Supervisee's duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assessment of supervisee's performance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any areas of practice that are beyond this applicant's competence or experience? \_\_\_\_\_

If so, explain \_\_\_\_\_

\_\_\_\_\_

If you were a member of this licensing board, would you have *any* reservations about granting this applicant a license? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Signature of Supervisor* \_\_\_\_\_ *Date* \_\_\_\_\_