

LPC EVALUATION OF SUPERVISED EXPERIENCE

Name of Supervisee: _____

Board Approved Supervisor: _____

Is the Board Approved LPC Supervisor also acting as the Board Approved On-site Supervisor? Yes: _____ No: _____

Name of Candidate's Employing Agency: _____

Was 100% percentage of experience listed below accrued in accordance with §59-1902 (3)(4)(5)(6)(7)? Yes: _____ No: _____

On a scale of 1-5, please provide the supervisor's rating of the supervisee's professional activity: _____

Work Week Beginning Date	Date(s) met with Supervisor	Dates of Observation (Live or Taped)	Date of Supervisor Consult w/ On-site	Total Face-to-Face Supervision Hours		Total Direct Client Contact Hours	Total Supervised Experience Hours
				GRP	IND		
TOTAL:							

CANDIDATE SIGNATURE: _____ Date: _____

SUPERVISOR(S) SIGNATURE(S): _____ Date: _____

