

## REFERENCE FROM CAPT SUPERVISOR

### APPLICATION FOR CERTIFIED PLAY THERAPIST

#### Applicant Information:

Name	
------	--

#### Supervisor Information:

Name	
Address	
Phone number	
Email	
Designation	CPT-S  CPT-S-in-training  Supervising CPT-S name:

1. Number of years you have known the applicant's work :

2. Supervisory Setting:

Individual                      Group                      Both

3. Hours of direct clinical supervision provided by you:

4. Any CPT-S providing 10 or more hours of supervision must observe at least one play therapy session of the applicant's clinical work during this time frame. This can be through live or video observation. Please confirm that if you have observed or reviewed the applicant's work:

Yes                      No                      N/A

5. On the scale below, rate the applicant's overall abilities as a professional Play Therapist.

Excellent                      Very Good                      Good                      Fair                      Poor

6. To the best of your knowledge, does the applicant have adequate knowledge of child development, psychotherapy and play therapy theory and techniques to be recommended without reservation:

Yes

No

If no, please explain:

7. Would you recommend the applicant as a therapist to others and their children?

Yes

No

If no, please explain:

8. Please describe the applicant's strengths as a Play Therapist:

9. Please describe the applicant's areas for growth as a Play Therapist:

10. Theoretical Essay: Applicant must submit a 750 to 1000-word essay to one of the CPT-S providing the applicant with at least 10 hours of supervision. The essay must demonstrate how their theoretical orientation informs their approach in a specific case example.

I have seen and reviewed the applicant's theoretical essay:

Yes                      No

Has the applicant demonstrated understanding of their theoretical orientation in the essay:

Yes                      No                      NA

Has the applicant demonstrated the application of their theoretical orientation in a clinical case:

Yes                      No                      NA

11. Other comments:

Signature:

Date:

Thank you for your assistance! Once completed, please email or mail (in a signed and sealed envelope) this form to the applicant.