## **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 a reference must observe the applicant's clinical work. This can be through live or video observation. Please indicate how many hours of clinical work you have observed or reviewed of the applicant's work:
- 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	Νο
If no, please explain:	

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

Yes 🗌	No		
If no, please exp	olain:		

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 der essay:	monstrated understan	ding of their theoretical orientation in the
	Yes	No 🗌	
	Has the applicant der clinical case:	monstrated the applica	ation of their theoretical orientation in a
	Yes	No 🗌	
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.