

REFERENCE FROM SUPERVISEE

APPLICATION FOR CERTIFIED PLAY THERAPIST SUPERVISOR (CPT-S)

Applicant Information:

| Name | |
|------|--|
| | |

Supervisee's Information:

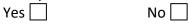
| Name | |
|--------------|--|
| Address | |
| Phone number | |
| Email | |

- 1. Number of months you have been supervised by the applicant: _____
- 2. Number of hours of supervision provided to you by the applicant: _____
- 3. On the scale below, rate the applicant's overall abilities as a Play Therapist Supervisor.

 Excellent
 Very Good
 Good
 Fair
 Poor
- To the best of your knowledge, does the applicant have adequate knowledge of child development, psychotherapy and play therapy theory and techniques to be a Play Therapist Supervisor:
 Yes

| If no, please explain: | | |
|------------------------|--|--|
| | | |
| | | |
| | | |

5. Would you recommend the applicant as a Play Therapist Supervisor to other play therapists?





If no, please explain:

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

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

8. 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.