



REFERENCE FROM SUPERVISEE

APPLICATION FOR CERTIFIED PLAY THERAPIST SUPERVISOR (CPT-S)

Applicant Information:

Name	
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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 ☐
4. 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 ☐ No ☐

If no, please explain:

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5. Would you recommend the applicant as a Play Therapist Supervisor to other play therapists?
Yes ☐ No ☐



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.