## SECTION 5: RECORD OF SUPERVISORY EXPERIENCE IN PLAY THERAPY (50 HOURS)

| Date | Number of Hours | Supervisee's name | Type of Supervision (individual or group) | Supervisor Name (supervising the CPT-S in training) | Supervisor Signature (supervising the CPT-S in training)) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Total Hours of Providing Supervision to Supervisees:** | | | | | |