



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.