REFERENCE FROM CAPT SUPERVISOR

APPLICATION FOR CERTIFIED PLAY THERAPIST SUPERVISOR (CPT-S)

Applicant Information:

Name	

Supervisor Information:

Name	
Address	
Phone number	
Email	
Designation	☐ CPT-S

1. Number of years you have known the applicant's work : ☐
2. Supervisory Setting:

   Individual ☐ Group ☐ Both ☐
3. Number of Individual Hours of clinical supervision provided by you: ☐
4. Number of Group Hours (2 or more people) of clinical supervision provided: ☐
5. 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: ☐
6. On the scale below, rate the applicant's overall abilities as a professional Play Therapist Supervisor.

   Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐

7. To the best of your knowledge, does the applicant have adequate knowledge of child development, psychotherapy and play therapy theory and techniques to supervise other play therapists without reservation:

   Yes ☐ No ☐

If no, please explain:

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

   Yes ☐ No ☐

If no, please explain:

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

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

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.