



SUPERVISOR’S TRAINING PLAN EVALUATION FORM

Instructions

1. This form must be typed.
2. Complete all sections of this form.
3. If you are supervising this candidate in the completion of more than one training plan, you must submit a separate Supervisor’s Training Plan Evaluation Form for each training plan.
4. If the candidate has selected an oral examination as the method of evaluation for this training plan, this form must be completed together with the second oral examiner.
5. Provide a copy of this completed form to the candidate.

Name of Candidate:

Name of Training Plan Supervisor:

Name of Second Oral Examiner (in cases of oral examination):

Training Plan Subject:

IDENTIFY TRAINING PLAN CATEGORY:

- Partial Graduate Course Equivalent
(1-2 Graduate text(s) and 10 primary sources)6 Hours

or

- Graduate Course Equivalent
(1-2 Graduate text(s) and 20 primary sources) 12 Hours

Identify Practice Area(s) in this Training Plan

Identify Client Group(s) in this Training Plan

1.

1.

2.

2.

3.

3.

Select ‘Not Specified’ if a practice area or client group was not specified in training requirements.

TRAINING PLAN SUPERVISOR'S CONFIRMATION

- I confirm that the candidate has completed all readings approved by the Registration Committee.

Candidate began readings on:

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Candidate completed readings on:

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EVALUATION DETAILS

Identify method of evaluation:

- Evaluated via Oral Examination

Date of Oral Examination:

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- I confirm that Training Plan Supervisor and Second Oral Examiner were both present for the Oral Examination

Provide examples of the questions asked of the candidate in the Oral Examination:

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- Evaluation via Review Paper

Date Review Paper Submitted:

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Title of Review Paper:

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Describe the contents of the candidate's review paper:

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RATINGS**Dimensions of the candidate's performance to be rated:**

Supervisor's Ratings (see key below)

	U	C	S
Candidate's understanding of the subject material			
Candidate's ability to identify key issues			
Candidate's ability to apply learned material towards supervised practice			
Candidate's application of jurisprudence and ethics and best practices when discussing material			
Candidate completed evaluation			

Rating Categories **U** Unacceptable
 C Completed with some concerns
 S Satisfactory

If the candidate's performance was not rated as satisfactory in any area please elaborate and provide remedial recommendations:

TRAINING PLAN SUPERVISOR:

Signature of Training Plan Supervisor

Date

Training Plan Supervisor's Comments (Required)

Provide the Registration Committee with your comments about the candidate's training plan:

SECOND ORAL EXAMINER (IN CASE OF ORAL EXAM):

Signature of Second Oral Examiner (in cases of Oral Exam)

Date

Second Oral Examiner's Comments (Required)

Provide the Registration Committee with your comments about the candidate's training plan:

