

## 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 prin	ary sources) 12 Hours			
Identify Practice Area(s) in this Training	g 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 CONFIRMA	ATION					
☐ I confirm that the candidate has co	ompleted all readings appro	oved by the	Registration Committee.			
Candidate began readings on:						
Candidate completed readings on:						
EVALUATION DETAILS						
Identify method of evaluation:						
☐ Evaluated via Oral Examination						
Date of Oral Examination:						
<ul> <li>I confirm that Training Plan Superv</li> <li>Examination</li> </ul>	visor and Second Oral Exan	niner were k	ooth present for the Oral			
Provide examples of the questions asked o	of the candidate in the Ora	l Examinatio	n:			
☐ Evaluation via Review Paper						
Date Review Paper Submitted:						
Title of Review Paper:						
Describe the contents of the candidate's re	eview paper:					

RATINGS	ده مصمعانه	lata's naufaumanas to be veted.	Cupor door	c Datings (coo	kov bolovi)
Dimensions of the candidate's performance to be rated:		U	Supervisor's Ratings (see key below)  U C S		
Candid	date's un	derstanding of the subject material			
	Cano	lidate's ability to identify key issues			
Candidat	e's ability	y to apply learned material towards supervised practice			
Candidate's app	ication o	f jurisprudence and ethics and best practices when discussing material			
		Candidate completed evaluation			
Rating Categories	U C S	Unacceptable Completed with some concerns Satisfactory			
If the candidate's peremedial recommend		e was not rated as satisfactory in a	iny area plea	se elaborate a	and provide
TRAINING PLAN SUP	ERVISOR	:			
Signature of Training Plan Supervisor		Date			
Training Plan Supervi Provide the Registrat		nments (Required) mittee with your comments about th	e candidate's	training plan	:
SECOND ORAL EXAM	INER (IN	CASE OF ORAL EXAM):			
	·	·			
Signature of Second Oral Examiner (in cases of Oral Exam)			Date		
Second Oral Examine Provide the Registrat		nents (Required) mittee with your comments about th	e candidate's	training plan	:

## **SUMMARY OF TRAINING PLAN MEETINGS**

Completion of this section is mandatory.

Document your Training Plan supervision meetings by summarizing the topics and readings discussed with the candidate over the course of this Training Plan:

Date	Duration	Specify Readings & Topics Discussed
		• Review of Bipolar II disorder; discussed readings in main text and journal articles 1-3.
e.g. July 9 1 Hour	1 Hour	• Key points for discussion: hypomania vs mania; diagnostic overlap with ADHD; role of
e.g. July 3	111001	irritability; sleep; ego-syntonic aspect of hypomanic episode. Application to clinical skills:
		Supervisor shared technique of mood tracking for bipolar disorder.