**Work place Supervisor’s Report – Summative**

Trainee Name:

Work base:

Names of supervisor(s):

**Total observed practices this year (3 required)** ……….

Dates:

Methods:

in vivo, tape, video: (Please circle all those that apply)

**Direct/Live observation of supervisor/accredited therapist - at least once within the year required**

Method/date

**Other observation of supervisor/accredited therapist – over the year (audio/video recording)**

Method/date

**Ability to use supervision** satisfactory/unsatisfactory

Please comment on the trainee’s ability to use supervision and the supervisory relationship

**Areas of competency/strengths**:

Please rate and where relevant comment on the following areas:

* Assessment and formulation satisfactory/unsatisfactory
* Use of theory satisfactory/unsatisfactory
* Techniques and skills satisfactory/unsatisfactory
* Other

**Areas to work on:**

* Assessment and formulation
* Use of theory
* Techniques and skills

Other

* **Have any of these areas been flagged up before in formative report?** Yes/ No
* If yes, please comment on improvements made.
* **Action Plan/Future Goals**:
* **Trainee’s comments**:

Nature and quality of supervision received

**Overall Evaluation of trainee:** Satisfactory / Unsatisfactory (please circle)

Signed (supervisor) …………………………………………

Signed (trainee) ……………………………………………….

Date ………………………………….