CONFIRMATION OF GROUP SUPERVISION

Thank you for supervising the group leadership experience of ______________________ who is a student in the course EPS 692 Practicum in Counseling at Northern Arizona University. Please answer the following questions so students can get credit for their work.

1. What is the name of the group the student participated in?

2. For how many total hours did the student lead or co-lead the group? ________________

3. How did you provide your supervision of the student?
   a. _____ Individual meetings with the student outside the group
   b. _____ Live observation of the student leading the group
   c. _____ Both of the above
   d. _____ Other: ________________________________________________

4. Please indicate how you would evaluate the student’s performance in leading or co-leading the group:
   ______ Poor  ______ Fair  ______ Good  ______ Excellent

Print your name: __________________________________________

Your agency or school: ______________________________________

Your professional certificate or license (e.g., LPC): ____________________________

Your telephone or e-mail: __________________________________________

Thank you for providing supervision for this student.

You can return this form any of the following ways:

Give this form to the student, who will give it to their instructor.
Fax this form to the student’s teacher at Fax # 928.523.1929.
Mail this form to the student’s teacher at NAU: P.O. Box 5774, Flagstaff, AZ 86011-5774

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