

Verification of School Psychology Supervision

*This document is primary source verified. It is **to be completed by the direct supervisor and returned directly to the LSBEP** at 4334 S. Sherwood Forest Blvd., Suite C150, Baton Rouge, LA 70816. This document will not be accepted if sent by the applicant.*

SUPERVISOR INFORMATION:

Supervisor Name: _____

Professional License and/or Certification at the time of Supervision: _____

Address: _____ Office phone number: _____

_____ License/Certification No: _____ State granted: _____

_____ Supervisor Specialization: _____

Supervisors Experience: Prior to the start of the supervision, did you have at least 3 years work experience in school psychology? • YES (list below) • NO

Date(s)	School/Institution	Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT/SUPERVISEE INFORMATION:

Supervisee Name: _____

Supervision site: _____

Dates of supervision covered in this report: From / / To / /
mm/dd/yy mm/dd/yy

No. Mos. _____

Total number of supervised hours: _____

Number of one-to-one supervisory hours per week: _____

Number of additional learning activities/training hours per week: _____

Supervisee's area of emphasis: _____

Assessment of supervisee's performance: _____

Do you see any areas of practice that are beyond this applicant's competence or experience?

If so, explain _____

Supervisor Signature _____ Date _____