



Louisiana State Board of Examiners of Psychologists

4334 S. Sherwood Forest Boulevard • Suite C-150 • Baton Rouge, LA 70816

Voice (225)295-8410 • Website: lsbep.org

POST-DOCTORAL SUPERVISION DOCUMENTATION

(To be completed by postdoctoral supervisor)

Name of Supervisee: _____ Educational level: _____ Area of Doctoral Training: _____
 Name of Supervisor: _____ Educational level: _____ Area of Doctoral Training: _____
 License Number: _____ Date Licensed for Independent Practice: _____
 Name of Setting: _____ Nature of setting: _____

Dates of practice covered in this report: FROM: _____ TO: _____ Number of Months: _____

Total number of supervised hours of practice during dates covered in this report:

Number of one-to-one general/professional supervision hours *per week*:

Number of case discussion/skill training *per week*:

Number of direct client contact *per week*:

Supervisee's duties/responsibilities:

Assessment of supervisee's performance:

Given your direct knowledge of this applicants training and experience, please identify the populations and services which you judge the applicant technically competent to engage independently:

POPULATIONS

Young Children (0-5yrs)

Children (6-12yrs)

Adolescents (13-17yrs)

Emerging and Young Adult (18-26)

Adults (27-64yrs)

Seniors (65+)

Organizations/Institutions

Special population(s):

SERVICES

ASSESSMENT:

Individual Assessment. Specify Assessments:

Group/Organizational Assessment. Specify Assessments:

TREATMENT:

Treatment. Specify Treatment Modalities:

Based on your knowledge of the applicant, are there any areas where you would judge the applicant not competent/trained?

Do you have any reservation against giving the applicant your unqualified support? YES NO
 Comments:

If you have any further comments that will help the board conduct its work and to maintain the standards of our profession, please add them. You may send additional information if you desire.

We may contact you for additional information. Please provide your contact information below.

Date:		Supervisor's Signature:	
Name:	Title:	License No.	License State:
Address:		Work Phone:	
		Alternate Phone:	
		Email:	

SUPERVISOR RETURN ORIGINAL SIGNED COPY DIRECTLY TO:

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