
REGISTERED INTERN SIX-MONTH SUPERVISOR EVALUATION & HOURS REPORT

Registered Intern: _____ OBLPCT Registration #: _____

Six-Month Reporting Period From: _____ through _____
Month/Year Month/Year

Supervisor: _____

SUPERVISOR EVALUATION

Has Intern passed National Competency Examination (NCE, NCMHCE, CRC, AMFTRB, etc...) _____
Y N

What theory base or therapy underlies the intern's practice? _____

Does the intern demonstrate an understanding of assessment, diagnosis and
treatment planning? _____
Y N

If not, please describe how you are addressing the lack of understanding? _____

Is the Intern gaining experience in the diagnosis of mental disorders? _____
Y N

If not, please describe how you are addressing the lack of experience? _____

Is the Intern distributing a Professional Disclosure Statement at onset of counseling? _____
Y N

Does the Intern understand Oregon's laws and rules regulating LPCs and LMFTs? _____
Y N

Do you routinely discuss the above with emphasis on the OAR Code of Ethics? _____
Y N

Please evaluate the intern's strengths and weaknesses at the present time:

Please describe the Intern's professional growth in the last six months:

Please describe the Intern's goals for professional growth in the next six months:

Do you have any concerns regarding this Intern being licensed? _____
Y N

Is this Intern competent and practicing at an acceptable standard within the profession as a
whole?

REPORTED HOURS

Report # _____

DATES	DIRECT CLIENT CONTACT HOURS		SUPERVISION HOURS			
Month/Year	(A) Total Direct Client Contact Hours, including telephone & electronic	(B) LMFT Interns Couples & Family*	(C) Individual In-Person Supervision	(D) Individual Electronic Supervision	(E) Group Supervision	(C, D + E) SUPERVISION TOTAL
EXAMPLE: May, 2001	42	12	2	1	2.5	5.5
TOTAL						

*Number of Reportable Couples and Family hours (LMFT Only)

SIGNATURES

Supervisor Signature: _____ Date: ____/____/____

Printed Name: _____

Supervisor Signature: _____ Date: ____/____/____

Printed Name: _____

Intern Signature: _____ Date: ____/____/____

⇒ Intern E-Mail address: _____

OFFICE USE ONLY

Notes: _____

Disposition: _____ / ____/____ _____
 Evaluator Date Approved Hours