



Licensed Behavioral Practitioners  
 Licensed Marital and Family Therapists  
 Licensed Professional Counselors

**State Board of Behavioral Health Licensure**

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 www.ok.gov/behavioralhealth

**LPC EVALUATION OF SUPERVISED EXPERIENCE**

**Duration of supervision:**

- (a) Three (3) years or three-thousand (3000) clock hours of full time, on-the-job experience, which is supervised by an approved LPC supervisor, shall be completed.
- (b) For each one-thousand (1000) clock hours of full time, on-the-job experience, three hundred fifty (350) hours shall be direct face to face client contact.
- (c) "Full time" means at least twenty (20) hours per week.
- (d) Weekly, face-to-face supervision shall be accrued under an LPC at the ratio of forty-five (45) minutes of supervision for every twenty (20) hours of on-the-job experience.
- (e) "Group supervision" means an assemblage of counseling supervisees consisting of from two (2) to six (6) members and no more than one-half (1/2) of the required supervision hours may be received in group supervision.

Name of Supervisee: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Name of place of supervision: \_\_\_\_\_

Address of place of supervision: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of supervised experience hours this six-month period: From: \_\_\_\_\_ To: \_\_\_\_\_

Total number of supervised experience hours this six-month evaluation period: \_\_\_\_\_

Total number of direct client contact hours this six-month evaluation period: \_\_\_\_\_

Total number of direct face-to-face supervision hours this six-month evaluation period: Individual: \_\_\_\_\_

Group: \_\_\_\_\_

Describe the types of clients seen by supervisee at the current setting:

\_\_\_\_\_  
 \_\_\_\_\_

**Record the approximate percentage of time supervisee spends in the professional activities listed below:**

Individual counseling: \_\_\_\_\_ %    Group Counseling: \_\_\_\_\_ %

Assessment: \_\_\_\_\_ %    Staffing/Consultation: \_\_\_\_\_ %

Treatment Planning: \_\_\_\_\_ %    Marital, Family, Couples Counseling: \_\_\_\_\_ %

Other: \_\_\_\_\_ %    **Total (must equal 100%):** \_\_\_\_\_ %

If "Other" please explain: \_\_\_\_\_

**Rate your supervisee in comparison to other professionals with commensurate experience. Place an "X" under the appropriate skill level.**

No observation   Needs improvement   Acceptable   Above average skill

Individual counseling: \_\_\_\_\_

Group counseling: \_\_\_\_\_

Marital, Family, Couples counseling: \_\_\_\_\_

Child counseling: \_\_\_\_\_

Assessment/diagnosis: \_\_\_\_\_

Treatment planning: \_\_\_\_\_

Makes appropriate referrals: \_\_\_\_\_

Consults with other professionals: \_\_\_\_\_

Conducts research: \_\_\_\_\_

Knows licensing law and rules: \_\_\_\_\_

Conforms to Rules of Professional Conduct: \_\_\_\_\_

Uses Disclosure Statement: \_\_\_\_\_

Is prompt/current on paperwork and records: \_\_\_\_\_

Cares for own mental health: \_\_\_\_\_

Utilizes supervision sessions effectively: \_\_\_\_\_

Maintains professional boundaries: \_\_\_\_\_

Stays within limits of competence level: \_\_\_\_\_

Keeps current with professional literature: \_\_\_\_\_

Other: \_\_\_\_\_

Dates of observations (live or tape) for this six-month period: \_\_\_\_\_ and \_\_\_\_\_

Date(s) of contact with on-site supervisor for this six-month period: \_\_\_\_\_

**Additional Supervisor comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

