Licensed Behavioral Practitioners
Licensed Marital and Family Therapists
Licensed Professional Counselors

State Board of Behavioral Health Licensure
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Oklahoma City, OK 73118
Telephone: (405) 522-3696
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www.ok.gov/behavioralhealth

LMFT FINAL EVALUATION of SUPERVISED EXPERIENCE by SUPERVISEE

Documentation of supervised experience:
Upon completing the supervision requirement, the supervisee must complete and submit the Final Evaluation of Supervision Experience by Supervisee form for each supervisor. The Final Evaluation of Supervision Experience by Supervisee Form shall include the name of the supervisee and supervisor; period covered by supervision; ratings of supervision; recommendation of supervisor to other supervisees.

Name of Supervisee: _____

Name of Supervisor: _____

Dates of supervised experience hours: From _____ To _____

Rate the following domains according to the scale below:

No Observation = 0 **Needs Improvement = 1** **Acceptable = 2** **Above Average = 3**

Current in their knowledge of the field of marriage and family therapy? _____
Assisted in treatment planning utilizing a theory basis? _____
Current on MFT law and ethics? _____
Conforms to the rules of professional conduct? _____
Maintains confidentiality? _____
Maintains proper professional boundaries? _____
Brought ethics issues into case discussions? _____
Available after hours and as needed for emergencies? _____
Gave constructive feedback? _____
Set learning objectives? _____
Assisted in preparation for exams? _____
Supervisor gave undivided attention to supervision? _____
Supervision setting was free of distractions? _____
Supervisor was open to multiple perspectives? _____
Supervisor coordinated with other supervisors? _____
Supervisor observed actual live or taped sessions? _____

Would you recommend this supervisor to other supervisees? Yes: ❑ No: ❑

Why or Why not? _____
_____
_____

Candidate's Signature: _____ **Date:** _____