



### QUARTERLY EVALUATION FOR LPC LICENSURE

Section 115-20-52-D-3 of the Virginia LPC regulations requires that the applicant's supervisor provide quarterly evaluations to the resident. **This form is to be completed and signed by the supervisor each quarter and provided to the resident to be held in their possession until they are ready to submit their licensure application.**

NAME OF APPLICANT (LAST, FIRST, MIDDLE)		APPLICANT'S EMAIL ADDRESS		
<b>SUPERVISOR'S EVALUATION:</b>				
SUPERVISOR'S NAME (LAST, FIRST)		LICENSE NUMBER:		LICENSE TYPE:
BUSINESS NAME OF RESIDENCY WORK SITE WHERE CLINICAL HOURS WERE OBTAINED (ONE LOCATION ONLY)		ADDRESS OF RESIDENCY WORK SITE WHERE CLINICAL HOURS WERE OBTAINED (ONE LOCATION ONLY)		
DATES OF SUPERVISION: FROM (MM/DD/YY): _____ TO (MM/DD/YY): _____				
<b>ALL COLUMNS MUST BE COMPLETED</b>	<b>AVG HOURS PER WEEK</b>	<b>TOTAL HOURS (For this quarter only)</b>	<b>ARE HOURS DUPLICATED ON ANOTHER FORM</b>	
Total hours of supervised residency (Face-to-face client contact hour + ancillary hours)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many <u>face-to-face client contact</u> hours did the resident provide?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many <u>individual supervision</u> hours did the resident receive?			<b>MUST HAVE A MIN. OF 1 AND MAX. OF 4 HOURS PER 40 HOURS OF EXPERIENCE.</b>	
How many <u>group supervision</u> hours did the resident receive?				
If applicable, total number of face-to-face client contact with couples and families or both.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If applicable, total number of face-to-face client contact hours clinical substance abuse treatment services.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>ACCORDING TO 18 VAC 115-20-52 OF THE LPC REGULATIONS, THE RESIDENT MUST HAVE SUPERVISED RESIDENCY IN THE ROLE OF A PROFESSIONAL COUNSELOR WORKING WITH VARIOUS POPULATIONS, CLINICAL PROBLEMS, AND THEORETICAL APPROACHES IN THE BELOW AREAS.</b>				
Did the applicant provide <b>assessment and diagnosis using psychotherapy techniques</b> while under your direct supervision?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the applicant provide <b>appraisal, evaluation and diagnostic procedures</b> while under your direct supervision?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the applicant provide <b>treatment planning and implementation</b> while under your direct supervision?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the applicant provide <b>case management and recordkeeping</b> while under your direct supervision?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the applicant demonstrate minimum competencies in <b>professional counselor identity and functions</b> while under your direct supervision?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the applicant demonstrate minimum competencies in <b>professional ethics and standards of practice</b> while under your direct supervision?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any concerns about the competency of the resident? If yes, explain on separate page.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
COMMENTS:				
Resident's Signature:			Date:	
Supervisor's Signature:			Date:	