



### QUARTERLY EVALUATION FOR LMFT LICENSURE

Section 115-50-60-D-1 of the Virginia LMFT regulations requires that the applicant's supervisor provide quarterly evaluations to the resident. This form must be signed and dated by the supervisor. **This form is to be completed 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 number of <u>face-to-face client contact</u> hours with <b>couples and families or both?</b>				<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 hours clinical substance abuse treatment services.				<input type="checkbox"/> Yes <input type="checkbox"/> No
These areas are outlined in Section 18 VAC 115-50-55 of the LMFT Regulations. The resident must have supervised residency in the <b>role of a marriage and family therapist</b> in the below areas.				
Did the applicant provide <b>marriage and family therapy</b> while under your direct supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies in <b>human growth and development across the lifespan</b> under your supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies in <b>abnormal behaviors</b> while under your supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant provide <b>diagnosis and treatment of addictive behaviors</b> while under your supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies in <b>multicultural counseling</b> under your supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies in <b>professional identity</b> while under your supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies <b>research</b> while under your supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies <b>assessments and treatment</b> under your supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any <b>concerns about the competency</b> 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:	