**Practicum Laboratory**

Confirmation of Group Supervision

Thank you for supervising the group leadership experience of , who is a counselor-in-training in the course EPS 692 Practicum in Counseling at Northern Arizona University. Please answer the following questions so counselors-in-training can get credit for their work.

1. What is the name of the group the counselor-in-training participated in?
2. For how many total hours did the counselor-in-training lead or co-lead the group?
3. How did you provide your supervision of the counselor-in-training?
   1. \_\_\_\_\_ Individual meetings with the counselor-in-training outside the group
   2. \_\_\_\_\_ Live observation of the counselor-in-training leading the group
   3. \_\_\_\_\_ Both of the above
   4. \_\_\_\_\_ Other:
4. Please indicate how you would evaluate the counselor-in-training’s performance in leading or co-leading the group:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Poor |  | Fair |  | Good |  | Excellent |

Print your name:

Your agency or school:

Your professional certificate or license (e.g., LPC):

Your telephone or e-mail:

Thank you for providing supervision for this counselor-in-training.

*You can return this form any of the following ways:*

**Give** this form to the counselor-in-training, who will give it to their instructor.

**Fax** this form to the counselor-in-training’s instructor at Fax # 928.523.1929.

**Mail** this form to the counselor-in-training’s instructor at NAU: P.O. Box 5774, Flagstaff, AZ 86011-5774