APCB
Asia Pacific
Certification Board

Certified Experiential Therapy Candidate

SUPERVISOR'S FEEDBACK

To: (Name & Address of Supervisor)

NOTICE TO SUPERVISOR

The person whose name appears below has applied for Experiential Therapy Certification with Asia Pacific Certification Board (APCB). The applicant has identified you as his/her supervisor. Your kind assistance is sought to verify the individual's employment particulars, as well as his/her performance while under your supervision.

APCB assures you that strict confidentiality will be maintained for all information that you provide in this form.

Please complete this form to the best of your knowledge and ability, and send it directly to the following address or by fax: -

The Registrar
Asia Pacific Certification Board
Psychodrama Certification
10 Sinaran Drive, #09-23
Novena Medical Centre
Singapore 307506

APCB
Asia Pacific
Certification Board

Name of Applicant:		
Period under supervision:	From:	To:
Total no. of Experiential therapy sessions run		
Total no. of Supervision Hours		

FEEDBACK FROM SUPERVISOR

Kindly provide us with your feedback on the applicant's performance while under your supervision by placing a tick in the appropriate box, using the following scale:

5= Strongly Agree 4= Agree 3= Neither Agree/Disagree 2= Disagree 1= Strongly Disagree

Clinical Skills & Abilities	Your Assessment					Comments
	5	**4**	**3**	**2**	**1**	
1. Group Building Skills	☐	☐	☐	☐	☐	
2. Sociometric interventions	☐	☐	☐	☐	☐	
3. Group Warm Skills	☐	☐	☐	☐	☐	
4. Directing Skills	☐	☐	☐	☐	☐	
5. Facilitation of sharing	☐	☐	☐	☐	☐	
6. Planning of Sessions	☐	☐	☐	☐	☐	
7. Ability to reflect on sessions and recommend interventions	☐	☐	☐	☐	☐	

8. Awareness of Ethical issues	☐	☐	☐	☐	☐	
9. Knowledge of other Modalities	☐	☐	☐	☐	☐	

Supervisor's Statement:

"I confirm that my evaluation above is fair and is done to the best of my knowledge."

Signed: Date:

_____ _____

Name of supervisor: _____
(as it appears on ID)

Name of Agency:_____

Email Address:

_____ Phone:_____

END OF FEEDBACK FORM

THANK YOU