

For Office Use:
 Date Reviewed: _____
 () Approved () Disapproved
 Staff Initials: _____

**ALABAMA BOARD OF EXAMINERS IN COUNSELING
 FINAL SUPERVISION PROGRESS REPORT**

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Date Submitted: _____ Name of Supervisee: _____

Supervisee Work Phone: _____ Supervisee Home Phone: _____

Name of Supervisor: _____ Supervising Counselor #: _____ LPC License #: _____

Check here if Supervisor is a Supervising Associate and not a Supervising Counselor.

Supervisor's Work Phone: _____ Supervisor's Home Phone: _____

Original issue date of ALC's license: _____ ALC License #: _____

Please evaluate the Supervisee according to the following elements:

	(low)		(high)			(not applicable)
Ethical Practice:						
Follows LPC ethical standards	1	2	3	4	5	n/a
Uses Professional Disclosure Statement	1	2	3	4	5	n/a
Keeps professional confidences	1	2	3	4	5	n/a
Concern for Client Welfare	1	2	3	4	5	n/a
Receptiveness to Supervision	1	2	3	4	5	n/a
Professionalism:						
Knowledge of LPC law and regulations	1	2	3	4	5	n/a
Knowledge of professional literature	1	2	3	4	5	n/a
Monitors own mental health	1	2	3	4	5	n/a
Cooperativeness	1	2	3	4	5	n/a
Successful Peer Relationships	1	2	3	4	5	n/a
Motivation to Learn	1	2	3	4	5	n/a
Openness to Change	1	2	3	4	5	n/a
Organizational and Documentation Skills	1	2	3	4	5	n/a
Consultation Skills	1	2	3	4	5	n/a
Self-Awareness	1	2	3	4	5	n/a
Sensitivity to Diversity	1	2	3	4	5	n/a
Overall Counseling Skills:						
Adequate theoretical knowledge base	1	2	3	4	5	n/a
Diagnostic and conceptualization skills	1	2	3	4	5	n/a
Applied counseling techniques	1	2	3	4	5	n/a

This Final Supervision Report covers the period (a) _____ through (b) _____ (date of last supervision session)
Month Day Year Month Date Year

SUPERVISION SUMMARY

During the period of time covered by this report, I, as Supervising Counselor, have personally provided (c) _____ hours of **one-to-one, face-to-face supervision hours** to the ALC (See regulation 255-X-3-.02 for supervision requirements).

During the period of time covered by this report, I, as Supervising Counselor, have personally provided (d) _____ hours of **other supervision** to the ALC (See regulation 255-X-3-.02 for supervision requirements).

COUNSELING SERVICE SUMMARY

During the period of time covered by this report, the ALC has performed (e) _____ hours of **direct counseling service** with clients (See regulation 255-X-2-.14 for definition of “direct counseling service”).

During the period of time covered by this report, the ALC has performed (f) _____ hours of **indirect counseling service** (See regulation 255-X-2-.13 for definition of “indirect counseling service”).

AFFIDAVIT

We, the undersigned, swear/affirm that the information provided in this report is an accurate accounting of the Supervisee’s counseling and supervision experience; and that both the Supervisee and Supervising Counselor/Supervising Associate have maintained records to verify the number of hours documented in this report and that these records are available for review by the Board.

Supervisee

Supervising Associate (if applicable)

Supervising Counselor

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

Seal:

My Commission Expires: _____