Commonwealth of Virginia
Board of Counseling

Licensure by Examination – Step One
LSATP FORM 1 – QE
Photocopy This Form As Needed

QUARTERLY EVALUATION

Section 115-60-80-D-5 of the Virginia regulations requires that the applicant's supervisor provide quarterly evaluations to the resident which must be included with the applicant's "LSATP LICENSURE APPLICATION" (Form 2). **This form must be signed and dated by both the supervisor and the resident.**

TO THE SUPERVISOR: Please complete a copy of this form at the end of each three month period that you supervise the resident listed below.

Resident's Name (First / Middle / Last)

Supervisor's Name (First / Middle / Last)

This evaluation is for the time period starting: _____ Month / Date / Year

and ending: _____ Month / Date / Year

Client Population(s) Seen:
Issues Addressed:
Therapy Techniques Used:
Assessment Instruments Used:
Evaluation Summary:

Signature of Supervisor: _____ Date: _____

Signature of Resident: _____ Date: _____

BCVA01/24/2011