

Commonwealth of Virginia Board of Counseling

Licensure by Examination – Step One

LPC FORM 1 – QE

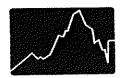
Photocopy This Form As Needed

QUARTERLY EVALUATION

Section 115-20-52-C-3 of the Virginia regulations requires that the applicant's supervisor provide quarterly evaluations to the resident which must be included with the applicant's "LPC 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)	
Name of Resident's Work Site	
This evaluation is for the time period starting:	and ending:
Month / Date / Year	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:



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