**CST-L3 Tutor Assessment of Group Training Supervision Skills**

Candidate’s name: …………………………………………………………………………………………….……… Date: ………….........

Tutor: ……………………………………………………………………………………….………………………………………………

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| **Feedback on presentation of client work:** |
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| **Feedback on supervisee skills:** |
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| **Feedback on reflective use of supervision:** |
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| **Specific feedback arising from the presentation (related to criteria):** |
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