**CYP-L5 Supervisor Report**

|  |
| --- |
| **EVALUATION OF COUNSELLING PRACTICE WITH CHILDREN AND YOUNG PEOPLE (CYP)** |

Supervisee’s name: …………….............…………………………… Number of hours of client work to date: …….

Supervisor’s name: .......................................................... Number of hours of supervision to date: ……

Name/Description of client work setting: ........................................................................

*Supervisee please discuss the requirements of this form with your supervisor, ask you supervisor to give feedback under each section below and agree together the criteria achieved.*

|  |  |
| --- | --- |
| **Supervisee’s relationship with you** | **Relevant assessment criteria** |
| **Presentation of work**  How well is the supervisee prepared for the session? How openly and honestly is the clinical material presented? | 7.1 |
| **Use of supervision**  Comment on the supervisee’s pro-active use of supervision for:   * Working within limits of competence and appropriate use of referral and signposting processes * Conducting age appropriate client assessments * Conducting initial, emerging and ongoing risk assessments and responding to safeguarding and child protection issues * Negotiating a contract for the work with the client’s involvement and consent * Reviewing the counselling work in collaboration with the client’s changing needs | 1.4  4.1  1.3  4.2  4.5 |
| **Receiving feedback**  How well is the supervisee able to receive feedback non-defensively and apply learning from supervision to enhance counselling practice with CYP? | 7.1, 7.2 |
| **Supervisee’s relationship with clients** | **Relevant qualification criteria** |
| **Working alliance**  Comment on the supervisee’s ability to establish and sustain personal and professional boundaries appropriate to the age and stage of the client, this may include managing conflicts and challenges. | 2.2, 2.4 |
| **Therapeutic relationship**  Comment on the supervisee’s ability to establish and maintain an age appropriate therapeutic relationship, enabling the CYP to access and express emotions.  How have endings and transitions been negotiated and planned for? | 2.1, 2.3  4.6 |
| **Skills and theory**  Comment on the supervisee’s ability to apply knowledge of child development and attachment theories as appropriate  Explain how well the supervisee works experientially with play and creativity | 6.2  6.3 |
| **Clinical work**  Give examples of how has the supervisee has applied understanding of client diversity in their clinical work?  Comment on how the supervisee has used empathy to communicate understanding and acceptance appropriate to the age of the client  How well does the supervisee understand and use clinical audit tools appropriate for work with CYP? | 3.4, 3.5  3.3  7.3 |
| **Safe, legal and ethical practice** | **Relevant qualification criteria** |
| How does the supervisee demonstrate that they are consciously working within recognised legal, professional and ethical boundaries?  How does the supervisee respond to and manage issues of confidentiality and data protection? | 1.1  1.2 |

|  |  |
| --- | --- |
| **Professional development** | **Relevant qualification criteria** |
| How well is the supervisee able to practice self-care and monitoring own fitness to practice  What strengths and weaknesses have been identified when the supervisee is working with CYP? | 5.4  7.4 |

|  |
| --- |
| **Overall evaluation** |
| Please use this section to record your overall evaluation of the supervisee. Please identify any areas that have been agreed with the supervisee as areas for development, consider how they might be addressed, and record clearly any concerns about the supervisee’s work as a practitioner. |

|  |  |
| --- | --- |
| **Supervisee’s comments on this evaluation** | **Relevant qualification criteria** |
|  |  |

Supervisor’s signature: Date:

Supervisee’s signature: Date:

Thank you very much for your co-operation.