



**TEW STAFF EVALUATION
FORM 12.10.3**

Name: _____ **Date:** _____ **Location of TEW:** _____

1. Teaching

Strengths:

Learning needs:

Requirements:

2. Supervision

Strengths:

Learning needs:

Requirements:

3. Training program design

Strengths:

Learning needs:

Requirements:

4. Personal style

Strengths:

Learning needs:

Requirements:

Staff endorsements/requirements:

ENDORSED to initiate a PTSTA contract as: Teacher Supervisor

Area of specialization: Counselling Education Organizations Psychotherapy

REQUIREMENTS:

These requirements must be fulfilled. This paper and documentation of the requirements must be added to the contract when you send it to IBOC for endorsement.

SIGNATURES:

Staff of TEW:

TEW supervisor:

Participant:

Date:

Requirements fulfilled:

Supervisor:

Participant:

Date: