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“Helping Everyday People Achieve Growth, Healing, and Change”

Play Therapy Supervisee Interest Form

Date: _____

Name: _____
(Print)

DOB: _____

Address: _____
Street

State

Zip code

Best Contact Number: _____ Best time of day to contact: _____

Email Address: _____

Check this box if you agree to allow text/email reminders for appointments given the aforementioned contact information

Directed Experience Site and Address:

Schedule: _____

Onsite Supervisor: _____

Master's Degree Program: _____

Are you license eligible for independent practice as a mental health professional in the state of Georgia? Yes No (*Please note that you must have obtained a state license which affords independent practice as a mental health professional in order to apply for the Registered Play Therapist credential)

What is your license type and number? _____

Modality of Supervision Preferred (Check as many as applies):

Individual/Face-to-face Individual/Web-based Group Supervision Other: _____

How many hours of supervision are needed? _____

What is the expected duration of the supervisory relationship? _____

Previous Directed Experience Site, Onsite Supervisor, Clinical Supervisor name and number of supervision hours obtained (Be sure to attached an additional sheet if more space is needed):

Please be sure to submit a recent picture, unofficial transcript, copy of state license, liability/malpractice insurance, and copy of your resume with this form

ALL FORMS AND REQUESTED DOCUMENTS MUST BE COMPLETED AND SUBMITTED TO THE SUPERVISOR AT THE 1ST SUPERVISION MEETING

- f. How often do you monitor the subject of ethics?

Theoretical Orientation: Discuss your theoretical orientation by answering the following questions:

- g. What is your theoretical orientation and how do you perceive its impact on the therapeutic process? If you feel that your theoretical orientation has evolved, please explain how and why?

- h. How do you apply your theory of preference in the population you currently work with?

- i. What is the nature of your work or current involvement with play therapy?

Personal Qualities That Affect Therapy: Discuss aspects of your personality that may impede on the therapeutic process by answering the following questions and by providing comments to the statements below:

- j. What client issues do you feel unqualified or incapable of treating effectively? Why?

k. What aspects of your personal history positively or negatively influence your personal skills as a therapist?

l. List current problems in your life that you feel may interfere with your ability to effectively practice play therapy

m. Describe a case where you felt most effective? What made you particularly effective and why?

n. What types of cultural or diversity issues have you had experience addressing?

II. Supervision Experience: Answer the following questions related to previous experiences in supervision.

a. What kinds of supervision have you experienced in your degree program or work history?

b. Which form of supervision have you found most useful? Why?

