**TC-L4 Group Training Supervision Feedback**

Candidate’s name: Date:

Observer (Tutor or Peer):

|  |
| --- |
| **Feedback on presentation of client work:** |
|  |

|  |
| --- |
| **Feedback on supervisee skills:** |
|  |

|  |
| --- |
| **Feedback on reflective use of supervision:** |
|  |

|  |
| --- |
| **Feedback on use of supervision group members:** |
|  |

|  |
| --- |
| **Specific feedback arising from the presentation (related to assessment criteria):** |
|  |