



A green light to greatness.™

Counseling & Testing Services  
DIVISION OF STUDENT AFFAIRS

## Readiness for Training Program Form

(To be completed by the Student's Program's Training Director, Advisor, or Professor who has Supervised Student's Clinical Work)

Date:

Name:

Title:

Phone Number:

Email:

Name of Student:

Program and Year in Program:

Position Applying for:

Is this student eligible for the position for which the student is applying? Yes No

As a current supervisor or training director, I can verify to my knowledge,

\_\_\_\_\_ I am aware\* \_\_\_\_\_ I am not aware

of any possible occurrence of sexual exploitation of clients by this student, during the student's tenure with your program or in any other mental health treatment work within the past five years.

\*Comments/explanation:

Do you have any concerns about this student that may impact this student's ability to perform well in and complete the training program (e.g., with regard to delivering individual therapy or outreach, interacting with peers and supervisors)?

What do you see at this students strengths?

Date

What do you see at this student's growing edges?

Do you feel that this student is ready for this particular training program and the particular position being applied for?

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Program Director Signature

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Date

Thank you for taking the time to complete our Readiness for Training Program Form! We appreciate your feedback.