



**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 TSTA 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.

Note: The TSTA Contract must be filed within one year of endorsement by the TEW. Formal training can start only once the TSTA Contract has been endorsed by IBOC.

SIGNATURES:

Staff of TEW:

TEW supervisor:

Participant:

Date:

Requirements fulfilled:

Supervisor:

Participant:

Date: