

Observation Overview Sheet



**SYNERGETIC
PLAY THERAPY™**

Therapist Information

Name: _____

Start Date of SPT Certification: _____

Sessions Recorded for Observation: 1 full video shared with your Supervisor during December or January supervision session. 5 sessions recorded for observation due before December 31st AND 5 sessions recorded for observation due before your Graduation date.

Session #	Session Date:	Notes:	Supervisor Name:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total # Sessions Recorded _____