**Sport & Exercise Psychology Accreditation Route**

**Supervisor Report Form: INITIAL (3 MONTH)**

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| **Name of Candidate:** | **Name of Supervisor:** |
| **Submission Stage:**  Initial (3 month) | **Date:** |
| **Supervisor’s Verification of the Candidate’s Work and Evidence Submitted in the Initial (3 month) Portfolio:** | |
| **Supervisor’s Comments on the Candidate’s Current Knowledge, Skills, Experience and Self-Awareness** (in relation to the BASES SEPAR competencies)**:** | |
| **Supervisor’s Comments on the Candidate’s Areas for Development** (reference can be made to the Learning Outcomes of the SEPAR as well as specific SEPAR competencies)**:** | |

**Signature of Supervisor:**