 Supervision ＆Continuing Education Report

Validation Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_

**Supervision: (please attach the evaluation form)**

|  |  |
| --- | --- |
| Date(s) | Type of Supervision (if more than 1, place the number in the box) |
|  |  | Taught a course or gave a presentation with a Master/Exp Teacher present to give feedback |
|  | Took active part in a Teacher Supervision Day |
|  | Acted as the 2nd teacher at a testing block |
|  | Created a video of teaching or giving a presentation and sent it to a Master (video should be long enough, no more than 4 hours, to show all aspects of teaching: lecture, roleplay and leading exercises) |
|  | Supervisor |  |
|  | Location |  |

**Continuing Education**

|  |  |
| --- | --- |
| Date(s)  | Type of Continuing Education (if more than 1, place the number in the box) |
|  |  Take part in a Validation supervision or advanced training  day/seminar/workshop |
|  | Instructor/Presenter　 |  |
| Location |  |
|  | Instructor/Presenter　 |  |
| Location　 |  |
| Date(s) |  Complete a course/seminar/workshop or any other presentation on a related topic such as NLP, sensory stimulation, touch, reminiscence, etc. |
|  | Instructor/Presenter　 |  |
| Location |  |
|  | Instructor/Presenter　 |  |
| Location |  |
| Date(s) |  Attend a Naomi Feil workshop |
|  | Location |  |
| Location |  |
| Date(s) |  Complete a seminar, training or course to develop pedagogic or  communication skills. Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Topic |  |
| Location |  |
|  | Topic |  |
| Location |  |

Please return this form to Jana Stoddard at jana@vfvalidation.org Please include all certificates, statements of attendance or other proof of training or completion of courses.