 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 |  |

If you would like to be placed on the World Wide Teacher Speakers list please put your information in this section.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Country (where you live)** | **Name** | **Area Willing to Travel (to do presentations)** | **Language(s) Spoken** | **Presentations you will do (conferences, workshops, etc.)** | **Contact Information** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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