

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.

CERTIFICATION COMMISSION

SOUTHEAST REGION CERTIFICATION COMMITTEE

COMMITTEE ACTION REPORT

REQUEST FOR CONSULTATION / READINESS FOR SUPERVISORY TRAINING

Consultee's Name: _____

Center: _____

Address: _____

Date of Meeting: _____ **Location:** _____

Presenter: _____

Summary and Evaluation of Materials Presented:

Summary of Consultation Process (describing the interaction of the Consultee with the Committee):

Evaluate the Consultee's motivation for Supervisory CPE (both the self-understanding of the Consultee and any tension/discrepancy between the Consultee's articulated motivation and the Committee's experience of the Consultee):

Evaluate the Consultee's readiness for Supervisory CPE, as demonstrated by attention to CPE objectives:

a) as indicated by awareness of personal/professional learning issues:

b) as indicated by conceptual facility:

c) as indicated by pastoral ability:

Recommendations arising from the evaluation for both Consultee and Primary Supervisor:

Sub-Committee members:

Presenter

Sub-Comm Chairperson

Regional Chairperson