



Leadership and Learning INSTITUTE

C/O The Business & Education Leadership Authority
4445 Corporation Lane
Virginia Beach, VA 23462

Mailing Address:
P.O. Box 65098
Virginia Beach, VA 23467

SUPERVISION CONTACT FORM

Instructions to the Applicant: Type or print your name and the supervisor's name where indicated below, and forward the form to the supervisor. **The completed form must be returned directly to you in a sealed envelope with the supervisor's signature over the seal.** Unsigned forms/envelopes will be returned. You will submit the sealed envelope to the Board.

Please check the appropriate box for the certification for which you are applying:

- Professional Coaching Certification
- Professional School Based Mentoring Certification
- Classroom Management Certification

To: _____ Re: _____
(supervisor's name) (applicant's name)

To the Supervisor completing this form: The above-named individual has made application for certification with the Leadership and Learning Institute (LLI) and has listed you as a supervisor. Information must be provided on this form, although additional sheets may be attached if necessary. Please type or print. **The completed form must be returned directly to the applicant in a sealed envelope with your signature over the seal.** Original signature is required; faxed copies are not acceptable. Thank you for your prompt reply.

01. Institution/setting where applicant was supervised:

02. Your position at the time of supervision: _____
03. Applicant's position or title: _____
04. Applicant's status in position: full-time part-time
 practicum/internship
05. Number of hours per week worked by applicant? _____
06. Dates of applicant's employment or training: from ___/___/___ to ___/___/___
07. (a) Dates of your supervision of applicant: from ___/___/___ to ___/___/___
- (b) Are there any periods of time in the supervision dates during which supervision was not provided? Yes No If yes, indicate dates and explain (e.g., maternity leave, military leave, etc)
- _____
- _____
08. Number of hours per week of individual face-to-face supervision which the applicant received from you: _____
09. Duties performed by applicant (continue on attachment sheet if necessary):
- _____
- _____
- _____

10. Are you certified by LLI in the U.S. or Canada? Yes No
If 'Yes,' list the jurisdiction(s) in which you were certified.

11. In your opinion, is the applicant competent to engage in the activity as selected as a certified professional? Yes No (explain) Cannot judge (explain)

Provide any explanation and/or further comments below or on an attached sheet.

I, the undersigned, verify that the statements and information contained herein are true, complete, and accurate to the best of my knowledge and belief, and that I have not withheld any information which might affect this application.

Name of Supervisor (type or print)

Signature of Supervisor

Supervisor's Address

Supervisor's E-mail Address

Supervisor's Daytime Telephone #

Date