**SCAPTP Reference Form**

**Name of Applicant:**

**Name of Referee:**

**Referee’s Institution:**

**Referee’s phone number and email (optional):**

**Check all that apply**:

**In what capacity did you know the applicant?**

Practicum Supervisor Professor  Employer

Director of Training at Graduate Program Other (Specify):

**For how long have you known the applicant**?

Less than 1 year 1-2 years 2-3 years More than 3 years

**What was the nature of the applicant’s duties while under your supervision?**

Individual Therapy Couples Therapy Group Therapy

Family Therapy In-Home Therapy Psychological Assessment

☐Consultation Neuropsychological Assessment

Crisis Intervention Academic Work Research

**Briefly describe the populations that the applicant had access to serving while under your supervision, including common diagnoses, age, race/ethnicity, languages, socioeconomic level, housing factors, developmental level, able-bodiedness, LGBTQ+, and any other aspect of your service population.**

**Describe 3 areas of strength for the applicant that correspond directly to their competency as a psychology trainee. Please only list strengths that you have discussed with the applicant. The competency areas may include: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Professionalism, Interpersonal Skills, Assessment, Intervention, Supervision, Consultation, and Interdisciplinary Skills/Consultation.**

**Describe 2 areas for growth for the applicant that correspond directly to their competency as a psychology trainee. These should exclude areas of growth that would improve purely through continued exposure to the field. Please only list areas for growth that you have discussed with the applicant. The competency areas may include: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Professionalism, Interpersonal Skills, Assessment, Intervention, Supervision, Consultation, and Interdisciplinary Skills/Consultation.**