



SUPERVISOR EVALUATION FORM

Practitioner:

Supervisor Name:

Facility / Institution:

Address:

Phone

Date/s of Visit:

	HIGHLY APPROPRIATE	MODERATELY APPROPRIATE	NEEDS IMPROVEMENT	NOT OBSERVED
Personal Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate Manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entry to Patient Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate Eye Contact with Patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choice of Music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tempo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volume	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvisational Capabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resonance Identified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Matched Breathing Patterns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session Completion Protocols Observed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMENTS FROM FACILITY / INSTITUTION SUPERVISOR

What would you consider to be the practitioner's strengths?

During the practitioners placement did you observe improvement in the patient, and if so what?

Is there any positive feedback you would like to give to the practitioner?

Are there any areas you could suggest that might need further development?

Final Comments:

On behalf of the Therapy Harp Training Program, we would like to thank you for taking the time to fill out the above evaluation.

Hands & Heart

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