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Supervisee Inquiry Form

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Email: _____ Cell: _____

Employer: _____

Site Supervisor: _____

Work Address: _____

Work Phone: _____ Work Email: _____

Work Hours: _____

Referral Source: _____

Are you currently, or have you ever been in supervision for licensure in the past? _____

Have you passed the National Counselor Examination? _____

If yes, please list name of current/past supervisor(s) and number of hours gained toward licensure:

What would you list as your top three strengths as a counselor?

1)

2)

3)

Top three areas that need attention or have room for growth?

1)

2)

3)

Please list any specific goals you have for Supervision:
