

Part 2 Evaluation and Consultation Sign-off Form

Keep this form as your record of having completed Part 2 case consultation. You will need to send it to your Part 2 trainer along with your completed client log form. They will then issue you with your Certificate of Completion of EMDR Institute Basic Training.

Name of Consultee _____

Postal Address (to send certificate to): _____

City: _____ Post Code: _____ Phone: _____

Email: _____

Date, Location, Trainer for Pt 2 Training: _____

Consultation Sessions: If using Skype, consultant's signature may be obtained on completion.

	Date	# of hours	Consultant Signature
1			
2			
3			
4			
5			

Consultee: When you have completed at least 5 hours of case consultation, please evaluate your consultation experience with your consultant.

Rate the following from 1 (least) to 5 (most). Thank for your feedback.

Usefulness of consultation in attaining the stated goals. 1 2 3 4 5

Your confidence in using EMDR with your clients 1 2 3 4 5

Consultation increased that confidence 1 2 3 4 5

Consultee suggestions to improve the case consultation component of this training:

Consultant Comments: _____

Name of Consultant. (Please Print) _____

Signature of Consultant (at completion of 5 hours) _____

Signature of Consultee: _____

Member of the EMDR Association of New Zealand? Yes/No
Membership forms available at www.emdr.org.nz

Add separate sheet for further comments if required