DOCUMENTATION OF SANDTRAY CONSULTATIONS FOR TSTA CERTIFICATION

(to be completed by the qualified consultant)

Consultation #1

Name and Credentials of Qualified Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date & Location of Consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Considering the topics addressed in training levels 1-4 (see TSTA website for more information), what are some skills you noticed this therapist doing well? Are there any areas for growth?

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , attest that I have consulted with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (qualified consultant) (applicant)

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I support their certification at this time.

 (date)

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(signature of qualified consultant) (date)

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DOCUMENTATION OF SANDTRAY CONSULTATIONS FOR TSTA CERTIFICATION

(to be completed by the qualified consultant)

Consultation #2

Name and Credentials of Qualified Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date & Location of Consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Considering the topics addressed in training levels 1-4 (see TSTA website for more information), what are some skills you noticed this therapist doing well? Are there any areas for growth?

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 (qualified consultant) (applicant)

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I support their certification at this time.

 (date)

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(signature of qualified consultant) (date)

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DOCUMENTATION OF SANDTRAY CONSULTATIONS FOR TSTA CERTIFICATION

(to be completed by the qualified consultant)

Consultation #3

Name and Credentials of Qualified Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date & Location of Consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Considering the topics addressed in training levels 1-4 (see TSTA website for more information), what are some skills you noticed this therapist doing well? Are there any areas for growth?

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 (qualified consultant) (applicant)

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I support their certification at this time.

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(signature of qualified consultant) (date)

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DOCUMENTATION OF SANDTRAY CONSULTATIONS FOR TSTA CERTIFICATION

(to be completed by the qualified consultant)

Consultation #4

Name and Credentials of Qualified Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date & Location of Consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Considering the topics addressed in training levels 1-4 (see TSTA website for more information), what are some skills you noticed this therapist doing well? Are there any areas for growth?

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , attest that I have consulted with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (qualified consultant) (applicant)

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I support their certification at this time.

 (date)

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