

# P-LPC Evaluation Process for Supervision

Mississippi State Board of Examiners  
for Licensed Professional Counselors



# P-LPC Evaluation Process

- For P-LPC renewal process, the LPC-S must submit an evaluation for the provisional licensee.

*Rule 4.3.B.7* - Every LPC-S shall submit an online evaluation of the P-LPC as part of the P-LPCs Annual Renewal.

# P-LPC Evaluation Process

**General Registration** | Education | App Info | Complaints | Payments | Print Forms | Online Payments

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**General Registration**

PUBLISHED ADDRESS (Public):  HOME  BUSINESS  DO NOT PUBLISH

PUBLISHED PHONE NUMBER:  HOME  BUSINESS  CELL  DO NOT PUBLISH

BOARD CORRESPONDENCE:  HOME  BUSINESS

**[REDACTED]**

Anticipated Dates: From 7/19/2023 To 4/1/2025  
(Supervision began on 4/8/2022)

[View/Update Agreement](#)

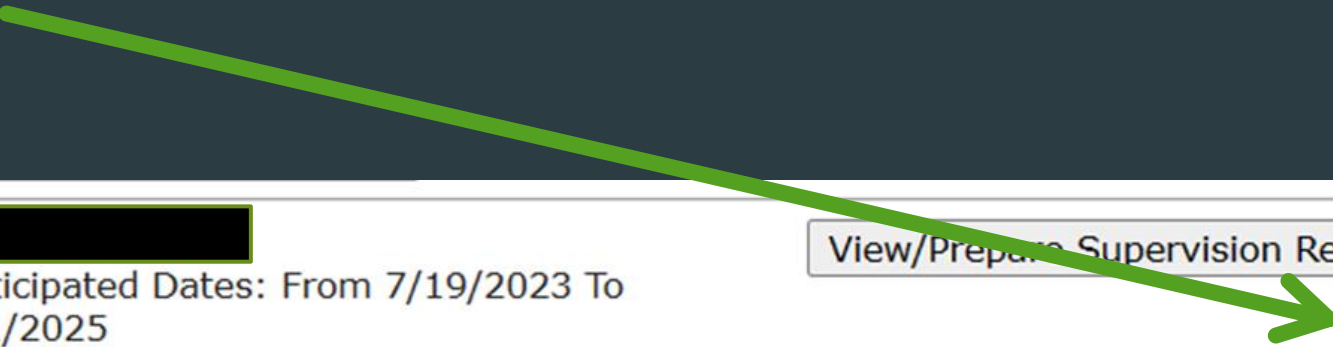
[Print/View Declaration of Practice](#)

[View/Prepare Supervision Reporting Log](#)

[Agreement Complete](#)

[Update Completed Hrs](#)

[Prepare 2024 P-LPC Evaluation.](#)



# P-LPC Evaluation Process

Complete  
this section



P-LPC Evaluation form  
prepared by [REDACTED]

\* Required Field

Evaluation of P-LPC for expiration date 202X-06-30

\* How long and in what capacity have you known this P-LPC?

[REDACTED]

# P-LPC Evaluation Process

For each characteristic listed below, please indicate your rating for this P-LPC compared to other counselors you know.

Scale:  
5 - Exceptional  
4 - Very Good  
3 - Average  
2 - Below Average  
1 - No Opportunity to Observe

<u>Characteristic</u>	5	4	3	2	1	<u>Comments</u>
Individual counseling skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Group counseling skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diagnostic skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Treatment planning implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Appropriate referral making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Appropriate record keeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Personal Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Consulting skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Insight into clients' problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to work well with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ethical behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recognition of own limits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to keep material confidential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Rate the P-LPC for each area...making comments as needed/desired

# P-LPC Evaluation Process

Make any additional comments

Verify each item

- Review with your P-LPC because he or she can view the submitted form

Type your name and submit

The screenshot shows a web form for a P-LPC evaluation. It includes an 'Additional Comments' text area, two certification checkboxes, a full name input field, and a 'Submit' button. Green arrows from the text on the left point to these elements: one to the comments box, two to the checkboxes, one to the name field, and one to the submit button.

**Additional Comments**

By checking this box, I'm verifying that the I have discussed this evaluation with the P-LPC, who can see the completed form.

By checking this box , I am certifying that the information submitted by me is true and complete to the best of my knowledge and belief.

Please enter your full name: