**Advanced Practical Experiences (APE) in CFT Monthly Form**

Directions. To ensure that students are receiving optimal advanced practical experiences, please complete this form once a month. Please submit to your advisor via email on the 1st of each month you are at your APE.

**Date**:

**Student Name**:

**APE Site**:

**Please select the at least 2 roles you have at APE site** (clinical work, supervision, research, grant writing, teaching, consultation, advanced clinical theory, clinical innovation, program development, leadership, policy).

**If you are participating in a clinical portion where you are seeing clients, please provide your supervisor’s credentials for supervision.**

 **\_\_\_\_AAMFT Approved Supervisor**

 **\_\_\_\_AAMFT Approved Supervisor Candidate**

 **\_\_\_\_Supervisory Equivalence**

**Please describe the experiences you have had over the past month that help you reach your long term goals.**

**For all areas of your APE, please describe the mentorship/supervision you have received over the past month.**

**What support do you need from CFT faculty to help you during this time?**