### Supervisory Contract

**Date:**

1. **Reason for Contract:**
   - □ Health
   - □ Development (DAP)
   - □ Remediation (RAP)
   - □ Probation (PAP)
   - □ Other ______

   Please describe the training issue or specific behaviors being addressed and if applicable, the Competency Benchmark in Professional Psychology which applies.

2. **Specify the contract plan** to address or rectify the issue.

3. **When** will the supervisee be evaluated next and by whom? Include specific dates and frequency.

4. **How** will this contract be evaluated? (Include specific criteria for determining a successful outcome.)

5. If this is a Remedial (RAP) or Probationary (PAP) contract, what could result if the contract conditions are not met?

---

**Supervisor Signature:**

**Date:**

**Training Director Signature:**

**Date:**

My supervisor has discussed the contract with me and I agree to it terms:
| Trainee Signature: | Date: |
# Contract Evaluation

1. Date of contract evaluation: 

2. Name(s) of contract evaluator(s): 

3. Outcome of the evaluation:  

4. Will another Supervisory Contract be necessary?  
   - [ ] Yes  
   - [ ] No  
   
   If Yes, briefly indicate the reason and the type of action required, e.g. DAP, RAP, PAP  

5. This contract has been satisfactorily completed.  

<table>
<thead>
<tr>
<th>Supervisor Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Training Director Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

(Attach completed contract to Postdoctoral Resident’s Evaluation for filing)