



## Participatory Certificate - Supervision

### Bachelors of Arts

- Early Childhood Education   
Inclusive Education   
Social Work

Mr./Mrs.: \_\_\_\_\_ date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Matr.-Nr.: \_\_\_\_\_

**This certifies,** that Mr./Mrs.: \_\_\_\_\_ completed the group supervision course according to § 7 of the current practical experience guidelines of the KHSB

**in the Summer Semester of:** \_\_\_\_\_

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Location/Date

Signature of Supervisor