

Nova Scotia Board of Examiners in Psychology

902-423-2238 902-423-0058 (fax)

Evaluation Form for Completion on Change of Supervisor

Candidate:

NSBEP No.

Supervisor:

Date:

When a change in Supervisors is being requested, this **Evaluation Form** must be completed by the current supervisor and candidate at the conclusion of that supervisor/candidate relationship.

For each of the Core Competency Areas noted below please:

1. Rate the Candidate using the regular report scale as noted below:

- U Unacceptable level for supervised practice
- A Acceptable level for supervised practice
- AR Almost ready for independent practice
- R Ready for independent practice

2. List areas of strength

3. List areas in need of focus

A. Assessment and Evaluation:

B. Intervention and Consultation:

C. Research:

D. Ethics and Standards:

E. Interpersonal Relationships

Change of Supervisor/ Evaluation Form

Please answer the following questions:

1. Was feedback obtained from the work setting? If yes, please summarize the information below:
2. Were clinical reports directly reviewed? If so, please comment below:
3. Please comment on the Candidates recognition of the limits of competence and identify the population(s) and areas of practice covered in the supervision.
4. Please comment on the candidates maturity, judgment and accountability?

Please note any other comments below:

Supervisor's Signature

Candidate's Signature

Date Signed

Date Signed

Change of Supervisor/ Evaluation Form