

# Nova Scotia Board of Examiners in Psychology

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## Supervisor's Regular Report for Monthly Reporting

PLEASE PRINT OR TYPE (*This form is available in MS Word and Adobe format*).

Candidate: \_\_\_\_\_ NSBEP No: \_\_\_\_\_

Supervisor: \_\_\_\_\_ NSBEP No: \_\_\_\_\_

Date Due: \_\_\_\_\_

Month Reported: \_\_\_\_\_

The Supervisor's Regular Report is intended to provide the Board with objective and constructive assessments of a candidate's progress in acquiring the necessary skills, knowledge, and professional functioning that would be expected of a Registered Psychologist.

Please refer to the **Supervision Handbook** for detailed information regarding supervision requirements, the supervision process and how to complete this form.

### Please Note:

1. Monthly reports are required for the first six months of supervision.

2. Supervisory meetings must:

- Directly relate to the approved Goals of Supervision.
- Address each Core Competency at least once within a six month period.
- Meet the minimum hours of monthly supervision.

3. This form must be completed and submitted it to the Board in a timely fashion.

- Failure to do so may result in the Candidate not receiving credit for supervision hours.
- Repetitive failure may result in the Candidate's removal from the Candidate Register as per section 14 (7) of the Psychologists Act.



**Section 2: General questions:**

Primary Employment: \_\_\_\_\_

Hours/week\* \_\_\_\_\_

Secondary Employment (if Applicable): \_\_\_\_\_

Hours/week\* \_\_\_\_\_

\* In addition to direct client contact, please include all hours of work to ensure NSBEP can grant the accurate amount of supervision credit. For more information see page 12, Accumulation of Work Experience, in the Supervision Handbook.

Has the Candidate's employment status changed since the report? Yes\_\_ No\_\_  
If YES, please note the change below and how it impacts on supervision.

Should the Goals of Supervision be changed? Yes\_\_ No\_\_  
If YES, please outline the suggested changes below.

Is there a lack of progress toward any of the Goals of Supervision? Yes\_\_ No\_\_

Has the Candidate attained a level expected of a member of the Register of Psychologists in any of the Core Competency areas during this supervisory period? Yes\_\_ No\_\_  
If YES, please identify the relevant Core Competency area(s) and indicate the basis on which this determination was made.

Has the Candidate experienced any ethical dilemmas during this supervisory period? Yes\_\_ No\_\_  
If YES, please describe how the issues were approached/resolved.

Were any supervision problems experienced during this supervisory period? Yes\_\_ No\_\_  
If YES, please explain the situation and how it was resolved.\

Candidate's Initials: \_\_\_\_\_  
Supervisor's Initials: \_\_\_\_\_

**Section 3: Please make the following ratings as applicable:**

**RATING KEY**

- NA Not yet assessed*
- UN Unacceptable level even for supervised practice*
- AC Acceptable level for supervised practice*
- AR Almost ready for independent practice*
- R Ready for independent practice*

Dimensions of the Candidate's Competence	Supervisor's Ratings of Candidate's Current Functioning (See Rating Key Above)				
	NA	UN	AC	AR	R
<b>Mandatory</b>					
1. Assessment & Evaluation					
2. Intervention Skills					
3. Research Skills					
4. Application of Ethical Standards					
5. Interpersonal Relationships					
Report Preparation/Record Management					
Analytical/Organizational Skills					
<b>Knowledge of:</b>					
N.S. Psychologists Act					
N.S. Standards of Professional Conduct					
Canadian Code of Ethics for Psychologists					
<b>As Applicable</b>					
Consultation Skills					
Teaching Skills					
<b>Mandatory</b>					
Judgment in the application of the above					
Diligence in the application of the above					
Please identify and comment on any specific areas where the candidate received a rating of "UN".					

**Certification of Report**

This Report accurately represents the nature and content of supervisory sessions held during the period it covers.

This report has been reviewed and discussed by the undersigned.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Candidate's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: Supervisor and Candidate initials must also appear at the bottom right of each page.