

# Nova Scotia Board of Examiners in Psychology

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## Supervisor's Regular Report for Six Month Reporting

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

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

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

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

Months 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. Supervisory meetings must:

- Directly relate to the approved Goals of Supervision.
- Meet the minimum hours of monthly supervision.

#### 2. 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 \_\_\_\_\_ % of time worked \_\_\_\_\_

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

Hours/week \_\_\_\_\_ % of time worked \_\_\_\_\_

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					
<b>Please identify and comment on any specific areas where the candidate received a rating of "UN".</b>					

**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.