

Nova Scotia Board of Examiners in Psychology

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Goals of Supervision Form

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

Candidate: _____ NSBEP No: _____

Supervisor: _____ NSBEP No: _____

Date Due: _____

Please indicate the time period for which the following goals are intended:

From: (D/M/Y) _____ to: (D/M/Y) _____

Goals must be set for each of the five core competency areas.

- The candidate and supervisor should construct a set of specific goals within each core competency area, which will serve to structure the supervisory process.
- Information regarding goal setting may be found in sections E and F of the **Supervision Handbook**.
- Goals may be amended as appropriate (e.g., as goals are attained, change in work experience, or change in supervisor) by completing the appropriate sections of the Supervisor's Regular Report.
- Any amendments are subject to the Board's approval.

CORE COMPETENCIES

- All applicants seeking entry to the profession of psychology are evaluated on five core competencies at each stage of the evaluation process, including supervision.
- Please refer to Appendix B in the **Supervision Handbook** for definitions of each of the five core competencies on which supervision must focus, as well as the specific knowledge and skill sets that are expected of a competent professional in each area.

Please use the following sections to indicate your specific goals.

PLEASE PRINT OR TYPE

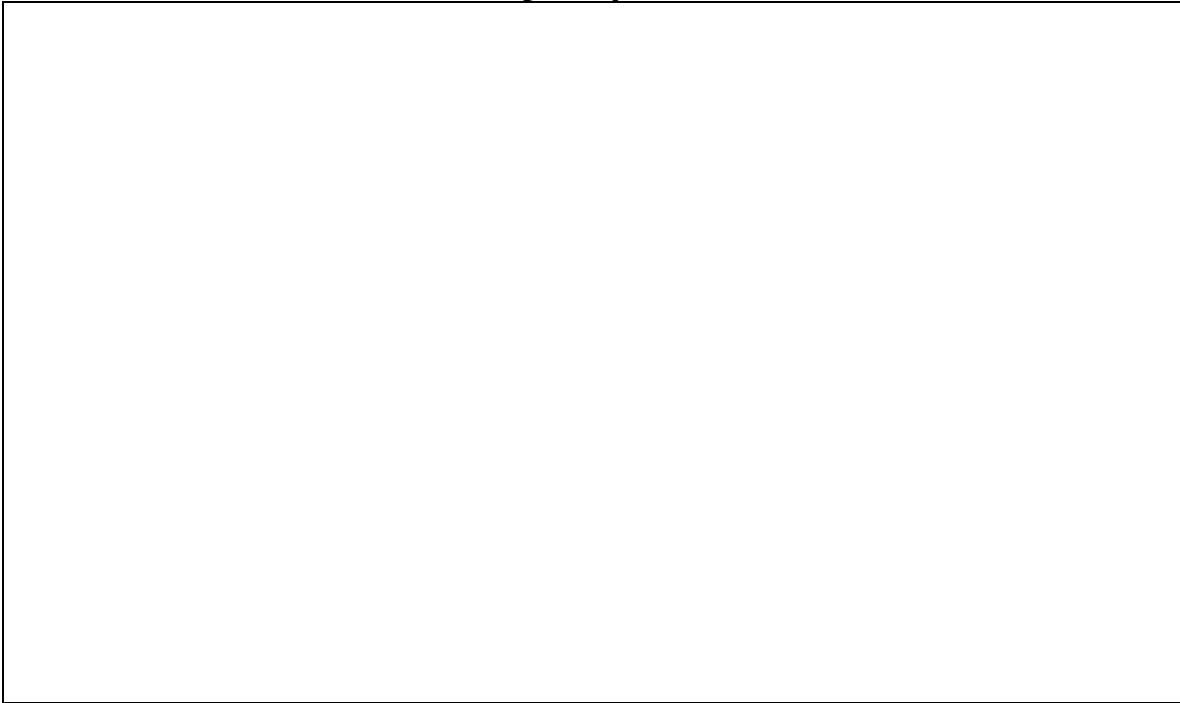
Core Competency 1: Assessment and Evaluation

Core Competency 2: Intervention

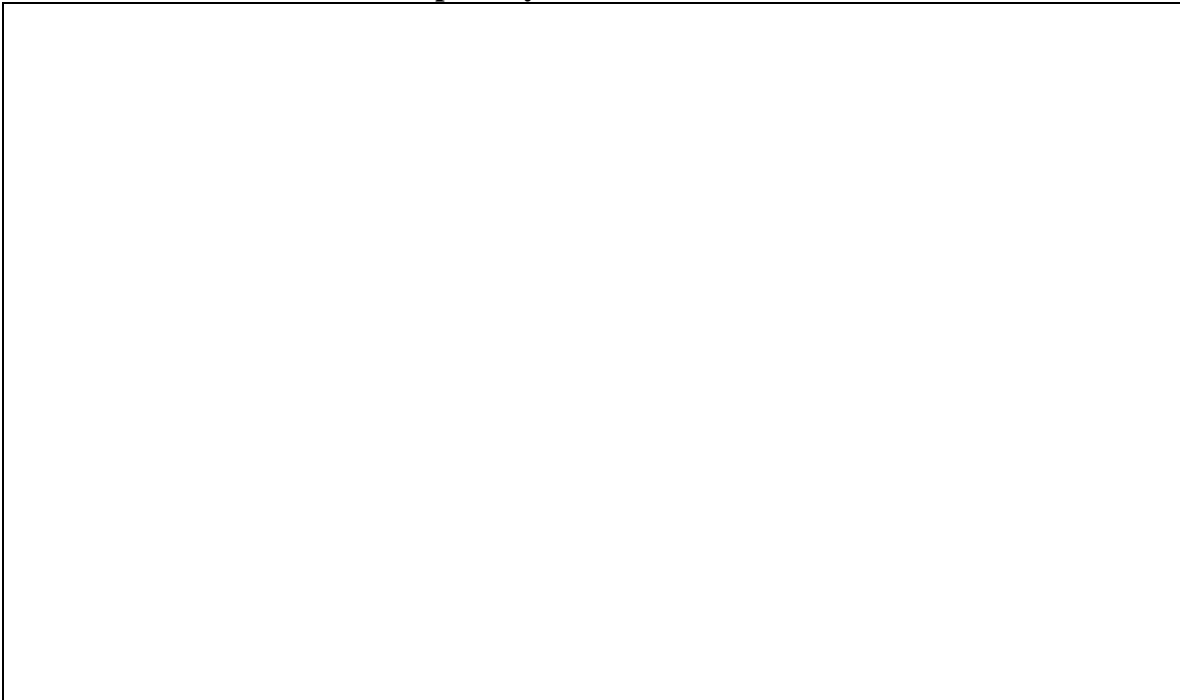
Candidate's Initials: _____

Supervisor's Initials: _____

Core Competency 3: Research



Core Competency 4: Ethics and Standards.



Candidate's Initials: _____

Supervisor's Initials: _____

Core Competency 5: Interpersonal Relationships

By signing below, the Supervisor and Candidate acknowledge that the Goals of Supervision will be adhered to during the period of supervision identified on the first page of this document.

Any changes in the goals will require the completion of an amended Goal of Supervision Statement.

Supervisor: _____ **Date:** _____

Candidate: _____ **Date:** _____

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