**Nova Scotia Board of Examiners in Psychology**

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**www.**[**nsbep**](http://www.nsbep.org/)**.org**

**Supervisor’s Regular Report for Monthly Reporting**

**PLEASE TYPE IN THE BOXES THROUGHOUT THIS FORM**

Cells can be expanded as necessary to accommodate your information

|  |  |
| --- | --- |
| **Name of Candidate** | **Registration Number of Candidate** |
|  |  |
| **Name of Supervisor** | **Registration Number of Supervisor** |
|  |  |
| **Month Reported** | **Due Date** |
|  |  |

The Supervisor’s Regular Report is to be authored by the Supervisor and intended to provide the Board with objective and constructive assessments of a registrant’s progress in completing the requirements outlined by the Board, which is provided in letter format to the Supervisor.

The variability in the preparation for practice and the type of professional activity engaged in by registrants will require individually tailored supervision. Further, supervision is a dynamic process and as the registrant grows in experience, knowledge and training, the focus of supervision should reflect these changes.

Supervision involves assessment. As such, despite individual differences in supervision plans, there are commonalities in terms of what constitutes adequate assessment of the registrant’s practice. As with most forms of assessment, self-report alone is not a sufficient method of evaluation. The content of supervision thus should reflect a multi-modal approach to examining the supervisee’s level of performance.

For that reason the Board expects that:

1. the supervisor will periodically contact the registrant’s employer or work place supervisor (at least once per year). Releases for this purpose should be signed before supervision begins.
2. the supervisor will periodically review the scoring and interpretation of tests and/or methods of data collection and/or review written reports of the registrant.
3. the supervisor will use a form of direct observation of the registrant’s performance (i.e., video or audio tapes, one way mirrors, direct observation) at least once in every six month period.
4. the supervisor will directly assess the registrant’s knowledge in all core competency areas. The usefulness of discussions for assessing performance can be improved by structuring them so that the registrant presents the information and explains his/her perspective before general discussion begins. Structuring sessions in such a manner will also help the supervisor to evaluate the registrant’s ability to effectively analyze and integrate information.
5. when the registrant is in private practice, the supervisor will review policies, procedures and forms used in the practice.

Supervisory sessions may include, but are not limited to the following:

A. review of psychological assessment cases.

B. review of intervention strategies.

C. discussion of the application of various intervention procedures.

D. review of planned lecture material.

E. discussion of ethical issues relevant to the supervisee’s practice area.

F. review of studies from the relevant literature.

G. presentations prepared by the supervisee.

H. direct observation of the supervisee.

I. review of reports prepared by the supervisee.

J. review of raw data and test interpretation.

H. review of clinical files.

**Section 1:**

|  |  |
| --- | --- |
| **Date of meeting(s):** | **Duration of meeting(s)** |
|  |  |

**List the Topics Discussed in each Core Competency Area**

|  |  |
| --- | --- |
| **Core Competency** | **Topics Discussed** |
| Assessment and Evaluation |  |
| Intervention |  |
| Research |  |
| Ethics and Standards |  |
| Interpersonal Relationships |  |

**Describe the Focus and Content of the Supervisory Meeting:**

|  |
| --- |
|  |

**Describe the Methods used for evaluating the Registrant’s work[[1]](#footnote-1):**

(additionally, if there has been no direct observation in the past 6 months or employer contact within the last 12 months, please indicate below when these requirements will be completed)**:**

|  |
| --- |
|  |

**Describe the Topics of Focus for next month**

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| --- |
|  |

**Section 2: General questions:**

|  |  |
| --- | --- |
| Name of Primary Employer | Hours / Week\* |
|  |  |
|  |  |
| Name of Secondary Employer (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. Work that is full time will receive full credit, while part-time work will be pro-rated, and thus the period

of supervision would be extended.

**PLEASE TYPE YES OR NO AND PROVIDE COMMENTS WHERE APPLICABLE**

|  |  |
| --- | --- |
| Has the Registrant’s employment status changed since the report?  If YES, please note the change below and how it impacts on supervision. |  |
|  | |
| Should the Goals of Supervision be changed?  If YES, please outline the suggested changes below. |  |
|  | |
| Is there a lack of progress toward any of the Goals of Supervision?  If YES, please explain below. |  |
|  | |
| Has the Registrant experienced any ethical dilemmas during this supervisory period?  If YES, please explain (below): A. the dilemma and B. how it was resolved |  |
|  | |
| Were any supervision problems experienced during this supervisory period?  If YES, please explain (below): A. the issues and B. how they were resolved |  |
|  | |

**Section 3: Ratings**

**Using the ratings provided, please rate the supervisee in each required area. To provide your ratings, simply type the applicable rating abbreviation (i.e., NA, UN, AC, AR, R) into each of the required boxes of the table below.**

#### RATINGS

***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***

|  |  |
| --- | --- |
| **Competency Area** | **Rating** |
| 1. Assessment & Evaluation |  |
| 2. Intervention Skills |  |
| 3. Research Skills |  |
| 4. Application of Ethical Standards |  |
| 5. Interpersonal Relationships |  |
| Report Preparation/Record Management |  |
| Analytical/Organizational Skills |  |
| **Knowledge of:** | |
| N.S. Psychologists Act |  |
| N.S. Standards of Professional Conduct |  |
| Canadian Code of Ethics for Psychologists |  |
| **Mandatory** | |
| Judgment in the application of the above |  |
| Diligence in the application of the above |  |
| **As Applicable** | |
| Consultation Skills |  |
| Teaching Skills |  |
|  |  |

**Please review the below information for submitting this Report to the Board office:**

* You are free to send any supervision documentation by email using the process on the next page entitled “Electronic Submission of Supervision Documentation”
* If instead, your documentation is sent by fax or regular mail, there is a statement that must be signed by the supervisor and supervisee which appears at the bottom of the last page of this form. This statement only needs to be signed if the reports are sent by fax or regular mail.

**ELECTRONIC SUBMISSION OF SUPERVISION DOCUMENTATION**

Whenever supervision forms are emailed to the office, both the Supervisor and Supervisee must separately email a declaration to the Board office. This is to validate the information.

The necessary declarations are provided below for reference purposes; ultimately however, the declarations need to be placed into the body of an email and sent to the Board office.

**Please note: All of the below steps must be followed for an electronic version to be valid. If the information is not validated, then credit cannot be provided to the supervisee. All of the steps are detailed below.**

***Electronic Submission Process***

1. The Supervisor must send the Report, as an attachment, to the following NSBEP email address: [nsbep@nsbep.org](mailto:nsbep@nsbep.org)
2. The email should be sent from the Supervisor’s own email address, and the declaration (listed below) must be copied into the body of the Supervisor’s email to which the Report is attached:

**Electronic Declaration for the Supervisor**

I have completed all sections of Supervision Report for **[Insert Supervisee’s Name]** covering the month of **[Insert Month, Year]**.

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

All sections of the Report have been reviewed and discussed by the undersigned with the supervisee.

I agree that the version of the Report transmitted by email to NSBEP is the one referenced in this declaration.

By typing my name below, I agree that the above statements are true.

**[Supervisor types name here]**

1. Once the above declaration is pasted into the body of the Supervisor’s email, the content of the declaration is simply edited to make it reflect the actual information being emailed to the Board office;
2. The supervisee should be copied on the email from the Supervisor;
3. The Supervisee must also send an email to the following NSBEP email address: [nsbep@nsbep.org](mailto:nsbep@nsbep.org)
4. The email from the Supervisee must be sent from the Supervisee’s own email address, and include the below declaration in the body of the email:

**Electronic Declaration for the Candidate**

I have completely reviewed my Supervision Report covering the month of **[Insert Month, Year]**.

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

All sections of the report have been reviewed and discussed by the undersigned with my supervisor(s).

I agree that the version of the Report transmitted by email to NSBEP is the one referenced in this declaration.

By typing my name below, I agree that the above statements are true.

**[Candidate types name here]**

1. Once the above declaration is pasted into the body of the Supervisee’s email, the content of the declaration is simply edited to make it reflect the actual information being emailed to the Board office.

**SENDING REPORTS BY FAX OR REGULAR MAIL**

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| --- |
| **NOTE: YOU ONLY NEED TO COMPLETE THE BELOW SECTION IF THE REPORT IS BEING SENT BY FAX OR REGULAR MAIL.**  By signing below, the Candidate and Supervisor acknowledge that the 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.  **Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Supervisee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **As noted, you may fax the Report (423-0058) or, if necessary, send it by regular mail. However please use only one method to send your information.** |

1. *For example*: reviewing audio or videotapes; case presentation; direct observation; discussion; role-play; literature review, feedback from employer and work setting, etc. [↑](#footnote-ref-1)