**Nova Scotia Board of Examiners in Psychology**

455 – 5991 Spring Garden Road, Halifax, NS B3H 1Y6

**Phone: 902-423-2238 Fax: 902-423-0058**

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

**Change of Supervisor Evaluation Form**

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

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

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

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

1. List areas of strength
2. List areas in need of focus

A. Assessment and Evaluation:

B. Intervention and Consultation:

C. Research:

D. Ethics and Standards:

E. Interpersonal Relationships

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 Candidate’s recognition of the limits of competence and identify the population(s) and areas of practice covered in the supervision.
4. Please comment on the Candidate’s maturity, judgment and accountability?
5. Please comment on the Candidate’s analytical skills?
6. Please state the reason for the change of supervisors.

Please note any other comments below:

 Supervisor’s Signature Candidate’s Signature

 Date Signed Date Signed