**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**

**Final Evaluation Form**

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

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

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

A **Final Evaluation Form** must be completed by the Supervisor and Candidate once the Candidate has successfully passed the written examination (EPPP) and must be received by the Board prior to scheduling the Oral Examination. Failure to complete this form in a timely fashion will likely result in a delay in the scheduling of the Oral Examination.

**Section 1: Ratings**

**Instructions**: Please indicate whether the Candidate has attained the Goals of Supervision within designated areas of practice at a level expected of a member of the Register of Psychologists.

**Rating Scale:**

**E** - Exceeded the standard expected of a psychologist

**A** - Attained the standard expected of a psychologist

**D** - Did not attain the standard expected of a psychologist

**N** - Not assessed (Only for use with “As Applicable” portion of table)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dimensions of the Candidate’s Competence | **Supervisor’s Ratings of Candidate’s Current Functioning (See Rating Key Above)** | | | | | |
| **D** | | **A** | | **E** | |
| Mandatory | | | | | | |
| A. Assessment & Evaluation |  | |  | |  | |
| B. Intervention Skills |  | |  | |  | |
| C. Research Skills |  | |  | |  | |
| D. Application of Ethical Standards |  | |  | |  | |
| E. 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 |  | |  | |  | |
|  | | | | | | |
| **Dimensions of the Candidate’s Competence** | **Supervisor’s Ratings of Candidate’s Current Functioning (See Rating Key Above)** | | | | | |
|  | **N** | **D** | | **A** | | **E** |
| **As Applicable** |  | | | | | |
| Assessment (as a declared professional activity) |  |  | |  | |  |
| Research (as a declared professional activity) |  |  | |  | |  |
| Consultation Skills |  |  | |  | |  |
| Teaching Skills |  |  | |  | |  |
|  | | | | | | |
| **Dimensions of the Candidate’s Competence** | **Supervisor’s Ratings of Candidate’s Current Functioning (See Rating Key Above)** | | | | | |
| **D** | | **A** | | **E** | |
| **Mandatory** |  | | | | | |
| Use of judgment in the application of the above |  | |  | |  | |
| Diligence in the application of the above |  | |  | |  | |

**Section 2: Areas of concern:**

Please explain in detail any D rating. Please indicate your opinion regarding the level of remediation necessary to bring the candidate to an acceptable level for supervised practice. (use additional paper if necessary).

**Section 3: Description of Performance:**

Please briefly describe the candidate’s performance in the following areas:

A. Psychological Evaluations

B. Therapeutic Interventions

C. Research or Teaching in Psychology

D. Consultation Relating to A, B, or C.

E. Program Development of Services Related to A, B, C, or D

F. Supervision of Psychological Services

G. Professional Conduct

H. Awareness of Limits of Competence

I. Knowledge and Application of Ethical Principles

J. Maturity of Attitude and Behaviour

K. Analytical skills

I. Direct Observation (observation of candidate’s direct work with clients).

**Note:** In order to receive approval for the Oral Exam, there needs to be Direct Observation in the last six months. NSBEP Policy require Direct Observation (in person, virtual  or audio or video recording) of the Candidate providing psychological services to a client every 6 months. Please note that direct observation should be of the candidate providing services to a client - observation of the candidate’s consultation with colleagues, case presentations, role playing, or interactions with the supervisor during the supervision meetings (while valid methods of assessing a candidate's progress) do not replace the need to directly observe the Candidate providing psychological service to a client. Please provide date; nature of the service provided; and a brief summary of the Candidate's performance.

J. Employer Contact

**Note**: In order to receive approval for the Oral Exam, there needs to be Employer Contact in the last 12 months. Below state the date of the most recent contact with the supervisee's employer; who you spoke with; and provide a brief summary of the employer's comments about the Candidate.

**Section 4: Other Comments**

**5. Certification of Final Evaluation Form**

Supervisor’s Signature Candidate’s Signature

Date Signed Date Signed