

Prince Edward Island Psychologists Registration Board

P.O BOX 461 Charlottetown, PE C1A 7L1

Email: peiprb@gmail.com

<http://www.peipsychology.org/peiprb/>

Supervisor's Regular Report (for six-month reporting)

PLEASE PRINT OR TYPE

Candidate: _____

Supervisor: _____

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 registrant.

Please refer to the Board's document, **Supervision of Candidates**, for more information.

Please Note:

1. Supervisory meetings will:

- Directly relate to the approved Goals of Supervision.
- Address each Core Competency at least once within the six month period.
- Meet the minimum hours of monthly supervision.

2. Please complete and submit this form to the Board in a timely fashion.

Section 2: General questions:

Primary Employment: _____

Hours/week* _____

Secondary Employment (if Applicable): _____

Hours/week* _____

* In addition to direct client contact, please include all hours of work.

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 attach an amended Goals of Supervision form.

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 or Register of Psychological Associates 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.

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
Mandatory					
1. Assessment & Evaluation					
a. Knowledge of assessment methods					
b. Knowledge of populations served					
c. Knowledge of human development					
d. Knowledge of diagnosis					
e. Skill in formulation of a referral question					
f. Skill in selection of methods					
g. Skill in information collection and processing					
h. Skill in psychometric methods					
i. Skill in formulation of hypotheses and making a diagnosis when appropriate					
j. Skill in report writing					
k. Skill in formulation of an action plan					
2. Intervention and Consultation					
a. Knowledge of an array of varied interventions with individuals and systems (e.g., couples, families, groups, and organizations)					
b. Respect for the positive aspect of all major approaches, reflecting openness to varied viewpoints and methods					
c. Awareness of when to make appropriate referrals and consult					
d. Awareness of context and diversity					
e. Knowledge of interventions that promote health and wellness					
f. Skill in establishing and maintaining professional relationships with clients from all populations served					
g. Skill in establishing and maintaining appropriate interdisciplinary relationships with colleagues					

h. Skill in gathering information about the nature and severity of problems and formulating hypotheses about the factors that are contributing to the problem through qualitative and quantitative means					
i. Skill in selecting appropriate intervention methods					
j. Skill in analyzing the information, developing a conceptual framework, and communicating this to the client					
3. Interpersonal Relationships					
Knowledge of theories and empirical data on the professional relationship, such as:					
a. Interpersonal relationships					
b. Power relationships					
c. Therapeutic alliance					
d. Interface with social psychology					
Knowledge of self, such as:					
e. motivation					
f. resources					
g. values					
h. personal biases					
i. factors that may influence the professional relationship (e.g., boundary issues)					
Knowledge of others, such as:					
j. macro-environment in which the person functions (work, national norms, etc.)					
k. micro-environment (personal difference, family, gender differences, etc.)					
Skill in:					
l. effective communication					
m. establishment and maintenance of rapport					
n. establishment and maintenance of trust and respect in the professional relationship					
4. Ethics and Standards					
a. Knowledge of PEI Psychologists Act					
b. Knowledge of PEIPRB Code of Conduct					
c. Knowledge of Canadian Code of Ethics for Psychologists					
d. Knowledge of PEIPRB Practice Guidelines					
e. Knowledge of standards for psychological tests and measurements					
f. Knowledge of standards for conducting psychological research					
g. Knowledge of relevant jurisprudence					

h. Awareness of potentially conflicting principles					
i. Knowledge of responsibilities to clients, society, the profession, and colleagues					
j. Skill in ethical decision-making process					
k. Skill in proactive identification of potential ethical dilemmas					
l. Skill in resolution of ethical dilemmas					
5. Awareness of Limits of Competence					
6. Record Management / Report Skills					
6. Analytical/Organizational Skills					
7. Maturity of Attitude and Behaviour					
As Applicable					
Research Skills					
Teaching Skills					
Mandatory					
Judgment in the application of the above					
Diligence in the application of the above					
Please identify and comment on any specific areas where the candidate received a rating of “UN”.					

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:** _____