

# *Newfoundland and Labrador Psychology Board*

*P.O. Box 8275, Station A, St. John's, NL A1B 3N4*

*website: <http://nbep.info>*

## **Yearly Supervision Report**

Revised June 26, 1997

Year 1 Supervision report

Year 2 Supervision report

Final Supervision report

**Date Year Begins:** \_\_\_\_\_ **Date Year Ends:** \_\_\_\_\_

**Supervisee:** \_\_\_\_\_ **Registration No.** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Registration No.** \_\_\_\_\_

### **1.0 Record of Supervision**

DATE	SPECIFIC NATURE AND CONTENT OF SUPERVISION SESSIONS (SEE GUIDE)	HOURS	INITIALS

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DATE	SPECIFIC NATURE AND CONTENT OF SUPERVISION SESSIONS (SEE GUIDE)	HOURS	INITIALS

**2.0 Supervisee's Progress and Development**

Supervisee's Strengths:

Supervisee's Weaknesses:

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Has the Supervisee performed through the year at a level appropriate to training and position held? Y  N .

If "NO", does the Supervisee now require immediate improvement in any specific area(s) of knowledge or practice? Y  N . If "YES", specify area(s):

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**3.0 Supervision**

Has supervision taken place as proposed in the Conduct of Supervision section of the Supervision Plan? Y  N . If "NO", please describe and account for any deviations from the Plan:

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Does the Supervisor have any reservations about supervision? Y  N .

If "YES", state your reservations:

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**4.0 Supervisee's Professional Experience**

Has the Supervisee's experience been as defined in the Proposed Experience section of the Supervision Plan? Y  N . If not, please describe and account for any deviations from the Proposed Experience:

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**5.0 Supervisee's Comments** *(to be completed by Supervisee only)*

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**6.0 Certification**

We certify that this report is complete and accurate

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Supervisor

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Date

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Supervisee

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Date