Psychologist

# Supervisor's evaluation form: Provisional psychologist

This is the final summative evaluation required to complete the supervision period required of provisional psychologists under their Supervision Plan.

## Part 1: General information

| | |
|---|---|
| **Provisional registrant name:** | |
| **Yukon registration #:** | |
| **Supervisor name:** | |
| **Yukon registration #:** | |
| **Start date:** | |
| **End date:** | |

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## Part 2: Evaluation of supervised practice

Please select the branch(es) that apply to this evaluation.

| Branch(es) | | | | | |
|---|---|---|---|---|---|
| Educational or School | ☐ | Clinical or Counseling | ☐ | Industrial or Organization | ☐ |
| Forensic | ☐ | Neuropsychology | ☐ | Rehabilitation | ☐ |
| Health | ☐ | Note: | | | |

Fill out the tables below for each competency being assessed. Please note that interventions and formal assessment on required competencies.

Rate the applicant in their competency of each branch of psychological practice selected in the applicant's supervision plan using the following rating scale:

- **Effective:** Demonstrates competence for safe practice; can practice independently; consults as necessary.
- **Ineffective:** Does not meet minimum standards for an independent practitioner in psychology.

If you have rated the applicant as "ineffective" in any of the areas, please provide an explanation for your mark below by attaching additional notes and information. Please be explicit in your assessment being sure to identify the branch which requires additional training.

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| Competency 1 | | | |
|---|---|---|---|
| Interventions ☐ | Formal Assessment ☐ | General Assessment ☐ | Research ☐ |
| Consultation ☐ | Teaching ☐ | Supervision ☐ | |
| **Client populations served under this competency** | | | |
| Individual ☐ | Family ☐ | Child/Adolescent ☐ | Adult ☐ |

| Current evaluations under this competency | | | |
|---|---|---|---|
| **Item** | **Effective** | **Ineffective** | |
| Application of ethical principles | | | |
| Interpersonal relationship skills | | | |
| Assessment and evaluation | | | |
| Report preparation and documentation | | | |
| Intervention skills | | | |
| Use of judgement in the application of the competency | | | |
| Diligence in the application of the competency | | | |
| Knowledge of the *Health Professions Act* and the *Psychologists Regulation* | | | |
| Knowledge of the Canadian Code of Ethics for Psychologists | | | |
| Knowledge of the standards of practice for Yukon psychologists | | | |
| **Actual completed hours:** | | | |
| **Actual supervision hours:** | | | |
| **I declare that this provisional registrant is ready for independent practice in this area:** | | Y | N |

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| Competency 2 | | | |
|---|---|---|---|
| Interventions ☐ | Formal Assessment ☐ | General Assessment ☐ | Research ☐ |
| Consultation ☐ | Teaching ☐ | Supervision ☐ | |
| **Client populations served under this competency** | | | |
| Individual ☐ | Family ☐ | Child/Adolescent ☐ | Adult ☐ |

| Current evaluations under this competency | | |
|---|---|---|
| **Item** | **Effective** | **Ineffective** |
| Application of ethical principles | | |
| Interpersonal relationship skills | | |
| Assessment and evaluation | | |
| Report preparation and documentation | | |
| Intervention skills | | |
| Use of judgement in the application of the competency | | |
| Diligence in the application of the competency | | |
| Knowledge of the *Health Professions Act* and the *Psychologists Regulation* | | |
| Knowledge of the Canadian Code of Ethics for Psychologists | | |
| Knowledge of the standards of practice for Yukon psychologists | | |
| **Actual completed hours:** | | |
| **Actual supervision hours:** | | |

| | | |
|---|---|---|
| **I declare that this provisional registrant is ready for independent practice in this area:** | Y | N |

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| Competency 3 | | | |
|---|---|---|---|
| Interventions ☐ | Formal Assessment ☐ | General Assessment ☐ | Research ☐ |
| Consultation ☐ | Teaching ☐ | Supervision ☐ | |
| **Client populations served under this competency** | | | |
| Individual ☐ | Family ☐ | Child/Adolescent ☐ | Adult ☐ |

| Current evaluations under this competency | | |
|---|---|---|
| **Item** | **Effective** | **Ineffective** |
| Application of ethical principles | | |
| Interpersonal relationship skills | | |
| Assessment and evaluation | | |
| Report preparation and documentation | | |
| Intervention skills | | |
| Use of judgement in the application of the competency | | |
| Diligence in the application of the competency | | |
| Knowledge of the *Health Professions Act* and the *Psychologists Regulation* | | |
| Knowledge of the Canadian Code of Ethics for Psychologists | | |
| Knowledge of the standards of practice for Yukon psychologists | | |
| **Actual completed hours:** | | |
| **Actual supervision hours:** | | |
| **I declare that this provisional registrant is ready for independent practice in this area:** | Y | N |

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| Competency 4 | | | |
|---|---|---|---|
| Interventions ☐ | Formal Assessment ☐ | General Assessment ☐ | Research ☐ |
| Consultation ☐ | Teaching ☐ | Supervision ☐ | |
| **Client populations served under this competency** | | | |
| Individual ☐ | Family ☐ | Child/Adolescent ☐ | Adult ☐ |

| Current evaluations under this competency | | |
|---|---|---|
| **Item** | **Effective** | **Ineffective** |
| Application of ethical principles | | |
| Interpersonal relationship skills | | |
| Assessment and evaluation | | |
| Report preparation and documentation | | |
| Intervention skills | | |
| Use of judgement in the application of the competency | | |
| Diligence in the application of the competency | | |
| Knowledge of the *Health Professions Act* and the *Psychologists Regulation* | | |
| Knowledge of the Canadian Code of Ethics for Psychologists | | |
| Knowledge of the standards of practice for Yukon psychologists | | |
| **Actual completed hours:** | | |
| **Actual supervision hours:** | | |
| **I declare that this provisional registrant is ready for independent practice in this area:** | Y | N |

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| Competency 5 (if applicable) | | | |
|---|---|---|---|
| Interventions ☐ | Formal Assessment ☐ | General Assessment ☐ | Research ☐ |
| Consultation ☐ | Teaching ☐ | Supervision ☐ | |
| **Client populations served under this competency** | | | |
| Individual ☐ | Family ☐ | Child/Adolescent ☐ | Adult ☐ |

| Current evaluations under this competency | | |
|---|---|---|
| **Item** | **Effective** | **Ineffective** |
| Application of ethical principles | | |
| Interpersonal relationship skills | | |
| Assessment and evaluation | | |
| Report preparation / documentation | | |
| Intervention skills | | |
| Use of judgement in the application of the competency | | |
| Diligence in the application of the competency | | |
| Knowledge of the *Health Professions Act* and the *Psychologists Regulation* | | |
| Knowledge of the Canadian Code of Ethics for Psychologists | | |
| Knowledge of the standards of practice for Yukon psychologists | | |
| **Actual completed hours:** | | |
| **Actual supervision hours:** | | |

| | | |
|---|---|---|
| **I declare that this provisional registrant is ready for independent practice in this area:** | Y | N |

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## Part 3: Supervisor attestation

I declare that I am sufficiently knowledgeable of the applicant's current professional work in psychology to attest to the information provided. I declare that all the above information is true. I declare that the supervision took place in accordance with the Supervision Plan that was approved by the Registrar of Psychologists.

**Signature of supervising evaluator:**

**Date:**

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