

THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA
L'ASSOCIATION DES PSYCHOLOGUES DU MANITOBA

162-2025 Corydon Ave. Winnipeg, Manitoba R3P 0N5
Phone: (204) 487-0784 Fax: (204) 489-8688
Email: pam@mts.net Website: www.cpmb.ca

PRIMARY SUPERVISOR'S WORK APPRAISAL FORM

(to be submitted every six months throughout the period of supervised practice)
(2005-2)

*****Note to applicant: Please provide attach a copy of your Declaration of Competence
(page 27 of your application form)**

Date Due: _____

Name of Candidate: _____

Name of Supervisor: _____

Supervisor's relation to the candidate (check any that apply):

- Colleague of candidate
- Direct line supervisor of candidate
- Head of department or section in which the candidate is employed
- No direct relation, but same employment setting
- No direct relation, the supervisor and the candidate work in different settings

This report is based on the period from _____ to

_____. If supervision was interrupted at any time during this

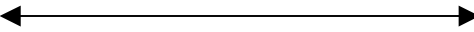
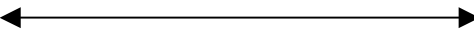
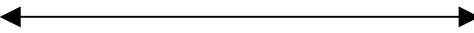
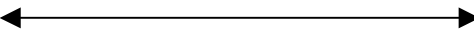
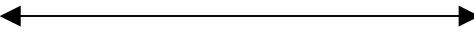
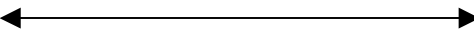
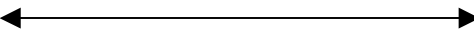
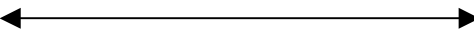
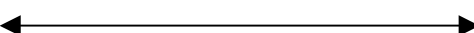
period, explain: _____

During the period covered by this report, the total number of hours worked by the candidate under supervision was: _____

Note: This rating is directed toward evaluating the candidate's maturity of judgment in the application of relevant psychological knowledge, as well as the candidate's readiness to assume responsibility commensurate with autonomous psychological services to the public in keeping with the Association's Standards of Professional Conduct and applicable legislation.

For candidate's proposed areas of practice see signed Declaration of Competence as attached. If the Declaration of Competence is changed, please ensure that a copy of the revised version is appended.

The following areas are generally addressed during supervision. The supervisor and supervisee should jointly rate the extent to which each of these has been addressed during the past three months in order to guide the supervisory process.

	Not addressed Fully addressed 
Detailed feedback/discussion regarding assessment and reports	
Discussion of diagnostic issues	
Discussion of ethical and professional issues	
Discussion of jurisprudence in relation to practice	
Exposure to a relevant range of client populations	
Exposure to a wide range of problems	
Discussion to identify supervisee's strengths and weaknesses	
Discussion of development/progress on training plan	

Dimensions of the candidate's professional performance to be rated

Supervisor's evaluation of candidate's current level of functioning (see Key below)

	U	A	AR	R
A. Overall awareness/knowledge of jurisprudence				
B. Competence in declared area(s) of competence (see Declaration of Competence)				
C. Competence in formulating and communicating a diagnosis				
D. Awareness of limits of competence				
E. General maturity of professional attitude				

Specific knowledge and skills to be rated (for definitions see the Registration Guidelines)

Supervisor's evaluation of candidate's current level of functioning (see Key below)

	U	A	AR	R
Interpersonal relationships				
Assessment and evaluation				
Intervention and consultation				
Research (rate only if this is an activity declared by the candidate in the Declaration of Competence)				
Ethics and standards				

Rating Categories

- U Unacceptable, remedial action required (see NOTE below)
- A Acceptable level for supervised practice
- AR Almost ready for autonomous (unsupervised) practice
- R Ready for autonomous (unsupervised) practice

NOTE: If any professional dimensions have been rated U, or any significant liabilities are reported below, please indicate any corrective or remedial steps being taken by the candidate, or recommended to the candidate by the supervisor.



STATEMENT OF CANDIDATE'S KEY ASSETS OR LIABILITIES

The candidate's key assets are:

The candidate's liabilities or limitations are:

Remedial action (when required):

GOALS OF SUPERVISION

What were the main goals or objectives of supervision during this period?

To what extent were these goals or objectives achieved?

RETRAINING PLAN

If the candidate is completing a retraining plan, outline their progress here. (A separate evaluation of the retraining must be submitted to the Registration Committee when the plan has been completed).

SUMMARY STATEMENT

Please summarize in point form the candidates supervised professional activities corresponding to this reporting period (for example, number and nature of psychotherapy cases, workshops attended by the candidate, research activities, etc.).

Supervisor Statement:

Candidate Statement:

I have shown the candidate all my ratings and comments and discussed them with him/her.	My supervisor has shown me all of her/his ratings and comments and has discussed them fully with me.
Name (please print):	Name (please print):
Signature:	Signature:
Date:	Date:

RECORD OF SUPERVISION

For period beginning _____ and ending _____

Candidate: _____ Supervisor: _____

Date	Time spent	Nature of contact with supervisor (please be as specific as possible)	Both signatures