



Psychological Association of Manitoba Supervisor Work Appraisal

IS THIS A FINAL APPRAISAL FORM? Yes No

Instructions

Appraisal Forms must be completed every six months by each supervisor throughout the period of supervised practice.

Only Final Appraisal Forms may be submitted at the time of the oral exam application.

1. **Candidate** complete *Declaration of Competence* form and forward to your supervisor.
2. **Supervisor** complete the appraisal form and forward to the candidate for their signature.
3. **Candidate** sign appraisal form and return with *Declaration of Competence* by email to office@cpmb.ca

Date Appraisal Completed: _____

Purpose: This appraisal form 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.

Areas of Competence

For candidate's proposed areas of practice see signed *Declaration of Competence* prepared by the supervisee.

Has the candidate's proposed area of practice changed since the start of supervision? Yes No Field of Practice and Client Group Definitions are [available here](#)

Name of Candidate: _____

Name of Supervisor: _____

Supervisor's relationship 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

Sixth Month Period of Supervision for This Report

1. Start Date: _____ End Date: _____

2. Was supervision interrupted at any time during this period? Yes No

If Yes, Please Explain: _____

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



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Areas Addressed During Supervision

The areas below are generally addressed during supervision. Supervisor and supervisee jointly rate the extent to which these areas have been addressed since the start of supervision/since last evaluation. Use *Not Applicable* rating if an area was not relevant for the candidate's work. If an area is relevant, rate at the level you had sufficient opportunity to address during supervision. *Fully Addressed* means the candidate is at a level where ongoing supervision is no longer required.

Areas Addressed During Supervision	Not Addressed	Partially Addressed	Fully Addressed	N/A
Detailed feedback/discussion regarding assessment & reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of diagnostic issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of ethical & professional issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of jurisprudence in relation to practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to a relevant range of client populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to a wide range of problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion to identify supervisee's strengths & weaknesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of Development/progress on training plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Supervisor's Evaluation of Candidate's Current Level of Functioning

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

Categories rated U/ significant liabilities reported, indicate corrective or remedial steps being taken by the candidate, or recommended to the candidate by the supervisor.

Specific knowledge and skills to be rated	U	A	AR	R
A. Interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Assessment and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Intervention and consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Research (rate only if declared by the candidate in the Declaration of Competence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Ethics and standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate's professional performance to be rated	U	A	AR	R
A. Overall awareness/knowledge of jurisprudence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Competence in declared area(s) of competence (see Declaration of Competence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Competence in formulating and communicating a diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Awareness of limits of competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. General maturity of professional attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Candidate's Key Assets or Liabilities

The candidate's key assets are:

The candidate's liabilities or limitations are:



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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.).



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Supervisor Statement

I have shown the candidate all my ratings and comments and discussed them with them

Supervisor Name: _____

Supervisor Signature: _____ Date Signed: _____

Signature of Candidate Statement

My supervisor has shown me all of their ratings and comments and has discussed them fully with me.

Candidate Name: _____

Candidate Signature: _____ Date Signed: _____