

Supervision Assessment Form – School Clinicians

Clinician: _____

Date submitted: _____ Employer: _____

☐ 1st Year of supervision ☐ 2nd Year of supervision

Report covering the period from: _____ to _____

Date Provisional Clinician certificate issued: _____

1. Assessment/Diagnosis
2. Treatment/Therapy
3. Consultation/Programming
4. Workload management and organization
5. Communicating and relating to children, parents, school personnel, colleagues

6. Team Functioning /Internal External Resources
7. Written Communication (reports, assessment and intervention, records and correspondence, case conference summaries, etc.)
8. In-services / Presentations (school, parent, community)
9. Professional growth and development
10. Professional Ethics and Standards of Practice

Supervisor's Summary Comments: (include type and frequency of supervisory activities, minimum of 25 hours over two years):

Clinician's Comments:

I have read this supervision report:

Clinician signature and printed name

Date

Student Services Coordinator signature and printed name

Date

Discipline Supervisor signature and printed name

Date