

Form 6: Evaluation of Supervised Practice

This form is to be used by a supervisor to provide a supervisee with a formative or summative evaluation during a supervised school psychology practice in conjunction with a pre-approved Supervision Plan and in accordance with BCASP Supervision Guidelines (March 2009).

Name of Supervisee (Applicant): _____ Name of the Supervisor (Evaluator): _____

School District Number and Name: _____ Date of Evaluation: _____

Supervisee's Percentage Employed as a School Psychologist: _____

Please Give The Dates Of The Supervision: (From) _____ (To) _____

Employer 2: _____ Job Title: _____

Supervisor's BCASP Certification # or CPBC Registration Number: _____

Please Indicate If This Evaluation Is: 1) Formative _____ 2) Evaluative _____

Directions:

The BCASP supervised school psychology experience is intended to serve as training experience similar to an intensive master's practicum internship in the final supervised clinical training experience of a university level school psychology master's program without the actual involvement of a university*. So, in general, a supervised experience is for graduates of a program of studies that has prepared them to work as school psychologists, but who have not yet had a formal internship in school psychology.

The ratings used in this form are intended to guide the supervisor, the supervisee, and BCASP in evaluating the supervisee's readiness for independent practice. We ask supervisors to use competent, entry-level psychological practice at the master's level as the standard for evaluation or comparison.

This evaluation form should be completed at least twice during the supervised school psychology experience: 1) at about the midway point of the supervision (formative) and 2) near the completion of the supervision practice is extended.

Finally, the Supervision Plan that was approved by the BCASP Membership Committee for the supervised practice that is being evaluated should be reviewed and monitored for progress at the same time as the Evaluation of Supervised Practice (Form 6) is completed. A copy of the Supervision Plan with appropriate progress notes should be included with this document.

*(BCASP gratefully acknowledges the assistance of the UBC School Psychology Program in the development of this form.)

Please use the following rating scale in evaluating the supervisee on the characteristics listed below:

Not Applicable: Not an appropriate goal for a school psychologist in this setting

Not Observed: Not observed

Unsatisfactory: Supervisee's skills reflect insufficient mastery in this area; Supervisee needs additional course-based instruction and further formal supervision in this skill. Needs Improvement: Specific plans should be made to assure supervisee gains extra practice in this skill prior to working independently without supervision

Satisfactory: Supervisee's skills in this area are adequate for independent practice in schools; however, the supervisee should still continue to develop this skill through professional development and through continued consultation with other school psychologists

Competent: Supervisee is comfortably independent in this skill

Outstanding: Supervisee's skills in this area are exceptionally strong; Supervisee could be a model practitioner in this skill area during the past year.

A. Personal Characteristics:

Full Name of Workshop	Not Applicable	Not Observed	Unsatisfactory	Needs Improvement	Competent	Outstanding
1. Presents a professional appearance						
2. Relates well with children and youth						
3. Works well with other staff						
4. Shows concerns, respect, and sensitivity for the needs of clients and their families, as well as for colleagues						
5. Demonstrates tolerance for others' values and viewpoints						
6. Achieves comfortable interactions with students from all backgrounds						
7. Demonstrates dependability						
8. Demonstrates good judgment and common sense						

9. Communicates and listens effectively						
10. Displays initiative and resourcefulness						
13. Accepts constructive feedback						
14. Utilizes constructive feedback						

Comments:

B. Assessment Skills:

Full Name of Workshop	Not Applicable	Not Observed	Unsatisfactory	Needs Improvement	Competent	Outstanding
1. Clearly identifies the nature of the referral problem and the purpose of the assessment						
2. Uses appropriate assessment techniques and instruments that are directly related to the identified problem						
3. Analyzes and interprets assessment results in a meaningful and thorough fashion						
4. Makes recommendations that follow logically from the assessment results and are educationally relevant						
5. Displays accuracy in administering and scoring tests and other measurements						
6. Is sensitive to sources of bias when selecting and administering tests						
7. Is competent in diagnosis and identification relevant to the assessment context						

Comments:

C. Consultation Skills:

Full Name of Workshop	Not Applicable	Not Observed	Unsatisfactory	Needs Improvement	Competent	Outstanding
1. Establishes effective collaborative relationships with teachers and other school personnel						
2. Conducts effective parent conferences						
3. Serves effectively as a liaison with other disciplines, agencies, and services units						

Comments:

D. Intervention Skills:

Full Name of Workshop	Not Applicable	Not Observed	Unsatisfactory	Needs Improvement	Competent	Outstanding
1. Demonstrates knowledge of a wide range of empirically supported interventions						
2. Uses intervention strategies that are directly related to the assessed problem						
3. Clearly delineates goals and evaluates effectiveness of intervention techniques used						
4. Demonstrates skill in utilizing individual and group interventions						
5. Demonstrates skill in utilizing behaviour support and classroom management techniques						
6. Demonstrates knowledge and competence in systems-level intervention						

Comments:

E. Professional Responsibilities:

Full Name of Workshop	Not Applicable	Not Observed	Unsatisfactory	Needs Improvement	Competent	Outstanding
1. Establishes appropriate work priorities and manages time efficiently						
2. Observes work schedule, is punctual and reliable in attendance						
3. Is prompt in meeting deadlines, responding to referrals, and communicating activities						
4. Shows competence in preparation of written reports that are accurate, thorough, well-organized, and focused						
5. Keeps supervisors and administrators informed of unusual events and activities, as well as routine matters						
6. Uses feedback from supervision in a productive manner						
7. Consistently follows through when additional action is needed						
8. Is proactive in seeking consultation and supervision to support skill development						
9. Demonstrates an awareness of competency level and does not accept responsibilities that exceed this level						
10. Demonstrates understanding of professional, ethical and legal responsibilities						

Comments:

F. Summary Evaluation:

Full Name of Workshop	Not Applicable	Not Observed	Unsatisfactory	Needs Improvement	Competent	Outstanding
Overall rating of the supervisee's readiness for independent practice						

Comments:

G. Professional Goals:

1.) Main Goal:

2)

3)

Supervisor's (Evaluator's) signature: _____ Date: _____

Supervisee's (Applicant's) signature: _____ Date: _____

(The Supervisee's signature indicates that the evaluation has been discussed with the Supervisee)

Thank you very much for your responses and for the time you spent providing formal supervision.
Please send this form, with a copy of the original supervision plan, to:

Stacey Kemp
BCASP Membership Secretary
103-522 Edmonton Ave.
Penticton, B.C. V2A 2H2