

SUPERVISION REPORT FORM 101

A supervisor's guide to understanding
the Supervision Report Form

A detailed look at the
Generic Information & Section 1

NORTH CAROLINA STATE BOARD OF EXAMINERS OF PRACTICING PSYCHOLOGISTS
University Hall, Appalachian State University, Boone, N. C. 28608
Telephone: (704) 262-2258

SUPERVISION REPORT

Practicing Psychologist, Temporary: Section 1 is to be completed by supervisor.
Psychological Associate: Section 1 is to be completed by supervisor of Associate is engaged in activities requiring supervision; otherwise, Section 2 is to be completed by Associate.

SECTION 1

Supervisee's Name _____ License No. _____

Supervisor's Name _____ License No. _____

This report covers _____ through _____
(month, day, year) (month, day, year)

Number of hours per month of individual supervision: _____

Number of supervision sessions per month: _____

FOR PSYCHOLOGICAL ASSOCIATE: Hours per month engaged in activities requiring supervision ("overall personality appraisal or classification, personality counseling or personality readjustment techniques"): _____

FOR PRACTICING PSYCHOLOGIST, TEMPORARY: Hours per week supervisee has been engaged in the practice of psychology under your supervision: _____

FOR PRACTICING PSYCHOLOGIST, TEMPORARY: This supervisee has made adequate progress toward independent practice. Yes No (please explain)

Please rate the following by circling the appropriate number:

- Supervisee's adherence to ethical standards, legal mandates, and professional guidelines
7 6 5 4 3 2 1
excellent average very poor
- Supervisee's professional and technical competence
7 6 5 4 3 2 1
excellent average very poor
- Supervisee's professional growth
7 6 5 4 3 2 1
excellent average very poor
- Supervisee's use of supervision
7 6 5 4 3 2 1
excellent average very poor

Comment on any ratings which are below average.

Supervisor's Signature Date

(over)

BACKGROUND INFORMATION

In its earliest days, the Supervision Report Form was, as it is at present, a two-page document, but with slightly fewer items. There was no "Generic Information" in which the supervisee provided his/her contact information; rather, the report consisted of Section 1 and Section 2.

THE PURPOSE OF THE SUPERVISION REPORT FORM

A Supervision Report Form is much like a *progress* report in that it gives the Board an update on a supervisee's activities for a certain period of time. A report provides the Board with a total of practice hours and hours that the supervisee has been engaged in activities requiring supervision during a certain period of time, and documents whether or not adequate supervision has been provided.

A Supervision Report is required to be filed if:

- There is any change in the conditions of your supervisee's contract already on file with the Board
- You or your supervisee terminates supervision
- The Board notifies you or your supervisee that a report is due (as is the case for LPA and LP-Provisional license renewal and for LPA annual report collection in the summers of odd-numbered years)

THE PURPOSE OF THE SUPERVISION REPORT FORM CONTINUED...

A few examples of when a report needs to be filed might be if your supervisee:

1. Changes work settings
2. Has applied and been approved by the Board to receive reduced supervision, and is changing work and/or supervision hours
3. Increases or decreases hours he/she engages in activities requiring supervision per week/month
4. Changes professional responsibilities and functions
5. Terminates supervision, or if you decide to terminate the supervisory relationship
6. Is renewing his/her license
7. Retires
8. Moves out of state
9. Is an LPA and has received a notice that the Board is collecting reports from all LPAs in the interim between license renewals

THE DIFFERENCE BETWEEN A "REPORT" AND A "CONTRACT"

Although the Supervision Report Form and Supervision Contract Form contain some of the same information, they are completely different documents, each having its own purpose.

SUPERVISION REPORT FORM

- Two-page document
- Does not require notarization
- Reports on past activities [activities that are listed in contract(s) already on file with the Board]
- Must be filed within 2 weeks of a change in (or termination of) the contract on file with the Board
- Must be submitted annually by LPAs and biannually by LP-Provisionals to report that contracts on file are up-to-date and accurate.

SUPERVISION CONTRACT FORM

- Four-page document
- Must be notarized
- Covers current and future activities
- Must be filed within 30 days of a change in the contract on file with the Board
- Is valid for as long as it accurately reflects current activities and conditions.

NORTH CAROLINA PSYCHOLOGY BOARD

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SUPERVISION REPORT

Read carefully. Type or print. A separate report must be completed for each Supervision Contract Form on file with the Board.

GENERIC INFORMATION

(This information must be supplied on *each* report.)

1. Name _____ License Number _____
2. Mailing Address _____
Note change in mailing address: Yes No
E-mail address _____ Daytime telephone number (____) _____
3. This report form covers: (*check only one*)
 Practice/work at (provide business name & address):

 Unemployment
 Retirement
4. Work at setting reported in #3 has terminated:
 Yes
 No
 Not Applicable
(checked unemployment or retirement)
5. Report covers the following period of time. _____ through _____
Report must cover past, NOT future, activities. (month,day,year) (month,day,year)
6. For Psychological Associates: Check the supervision Level for which you were approved by the Board *during the time period reported in #5.*
Levels 2 and 3 require that you previously have been approved by the Board.
 Level 1
 Level 2
 Level 3

**GENERIC INFORMATION:
THE WHO, WHERE,
WHEN, & WHAT OF
THE REPORT**

The Generic Information pertains to your supervisee. A report corresponds with an existing contract, so the information provided on the report must match the information in the contract already on file with the Board. Reports cover *past*, not future, activities.

GENERIC INFORMATION: THE WHO & WHERE

The Generic Information of the Supervision Report pertains to the supervisee to whom you are providing supervision. To ensure that the Generic Information is accurate, you may wish to have your supervisee complete this portion.

GENERIC INFORMATION
(This information must be supplied on *each* report.)

1. Name Jane Elizabeth Doe License Number 1234

2. Mailing Address 789 Imagination Lane, Neverland, NC 28910
Note change in mailing address: Yes No
E-mail address jane.doe@gmail.com Daytime telephone number (336) 265-7891 x125

3. This report form covers: (**check only one**)

Practice/work at (provide business name & address):
Community One Mental Health
1012 Chestnut Street, Suite 137
Neverland, NC 28910

Unemployment
 Retirement

4. Work at setting reported in #3 has terminated:
 Yes
 No
 Not Applicable
(checked unemployment or retirement)

Because a Supervision Report reports on an existing contract, the work setting provided in Item 3 should be a work setting for which the supervisee already has a contract on file with the Board. Of significant note is that, all information throughout the rest of the report needs to correspond with the work setting reported in Item 3. For example, if Ms. Doe has a contract for her practice at Community One Mental Health and for her work with the Department of Corrections, only her supervision hours, practice hours, etc. at Community One Mental Health should be reported on this form.

If your supervisee is terminating employment, remember that, unless he/she has another contract in addition to the one that he/she is terminating, you should remind your supervisee that a new contract will need to be filed within 30 days.

GENERIC INFORMATION: THE WHEN & WHAT

Reports cover *past*, not *future*, activities. A report only needs to cover the period of time since the last filed report. If you have not had to previously report on a contract, then the report will need to cover the period of time since the effective date of the contract. Maintaining copies of previously filed reports and contracts will assist you greatly as you complete future reports and contracts, and particularly if your supervisee applies for reduced supervision in the future. If you have questions, you are always welcome to call the Board office for assistance.

5. Report covers the following period of time. 09/18/2008 through 02/02/2008
Report must cover past, NOT future, activities. (month,day,year) (month,day,year)
6. For Psychological Associates: Check the supervision Level for which you were approved by the Board during the time period reported in #5.
Levels 2 and 3 require that you previously have been approved by the Board.
- Level 1
 Level 2
 Level 3

Item #6 only applies to *psychological associates*. All psychological associates are approved for "Level 1" supervision (this includes school psychologists practicing under DPI licensure) until they apply and obtain approval from the Board to receive reduced supervision. To be eligible for Level 2 supervision, a licensee must be licensed for a minimum of 3 calendar years and have accrued at least 4500 hours of supervised practice. For Level 3, a licensee must be licensed for 5 calendar years with 7500 hours of supervised practice.

QUICK TIP

If your supervisee has recently been approved by the Board for reduced supervision, i.e., within the last two weeks, this report should reflect the level for which your supervisee was *previously* approved.

- > COMPLETE ONLY ONE SECTION PER REPORT
- > COMPLETE SECTION 1 if you have a Supervision Contract Form on file with a supervisor for the setting reported in Item 3 above OR
- > COMPLETE SECTION 2 if you have a Supervision Contract Form on file for activities not requiring supervision at the setting reported in Item 3 above (i.e., unemployment/retirement, out-of-state practice, work in another field, etc.)

SECTION 1

This section must be completed by the supervisor of a Provisional Licensed Psychologist or Applicant who has practiced psychology, or Licensed Psychological Associate who has engaged in activities requiring supervision. If the individual named in #1 under the Generic Information has not engaged in practice which required supervision, enter zero ("0") where applicable.

- A. Supervisor's Name _____ License Number _____
- B. Mailing Address _____
 Note change in mailing address: Yes No Daytime telephone number: (____) _____
 E-mail Address _____
- C. Supervision with above supervisor has terminated for practice at the setting listed in #3 of Generic Information: Yes No
- D. Number of hours of individual face-to-face supervision: _____ per week month
- E. Number of supervision sessions: _____ per week month
- F. Hours supervisee has been engaged in activities requiring supervision: _____ per week month
For Psychological Associates, this number shall include only those hours during which the supervisee engaged in the specific activities requiring supervision as defined by law and rules (assessment of personality functioning; neuropsychological evaluation; psychotherapy, counseling, and other interventions with clinical populations for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior; and, the use of intrusive, punitive, or experimental procedures, techniques, or measures). For Provisional Licensed Psychologists and Applicants, this number shall include all activities which constitute the practice of psychology [definition of "practice of psychology" is found in G.S. § 00-270.2(8)].
- G. Total number of hours supervisee has engaged in activities requiring supervision during this reporting period: _____

- H. Total number of health services hours accumulated during this reporting period (if applicable): _____
Health services in psychology include the diagnosis, evaluation, treatment, remediation, and prevention of: mental, emotional, and behavioral disorder, disability, and illness; substance abuse; habit and conduct disorder; and psychological aspects of physical illness, accident, injury, and disability. Included are counseling, psychoeducational, and neuropsychological services related to the above. Health services include collateral contacts by a psychologist with families, caretakers, and other professionals for the purpose of benefiting a patient or client of that psychologist, as well as, direct services by a psychologist to individuals and groups.
- I. Rate the following areas and provide any comments on an attached sheet. Written comments are **required** to be submitted for any below average ratings. If the total number of hours of supervision reported equals zero ("0"), ratings should be left blank, but the supervisor must sign below.
- | | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Supervisee's adherence to ethical, legal, and professional standards: | <input type="checkbox"/> 7 | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| excellent | | | average | | | | very poor |
| 2. Supervisee's technical skills and competence: | <input type="checkbox"/> 7 | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| excellent | | | average | | | | very poor |
| 3. Supervisee's utilization of supervision: | <input type="checkbox"/> 7 | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| excellent | | | average | | | | very poor |
| 4. Supervisee's ability to function independently or with reduced supervision: | <input type="checkbox"/> 7 | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| excellent | | | average | | | | very poor |

I attest that this Supervision Report has been shared with the supervisee, and that supervision has been provided in accordance with the Supervision Contract Form on file with the Board.

Supervisor's Signature _____ Date _____

SECTION 1

Section 1 appears at the lower part of the first page, and the top of the second page.

If you have entered into a supervisory agreement with an applicant or licensee, but that supervisee has not engaged in activities requiring supervision during the reporting period, *you still must complete Section 1*. Remember, a report must correspond with the contract or contracts already on file with the Board.

SECTION 1 CONTINUED...

When reporting hours, double-check that you have selected the appropriate box. You would not want to indicate that your supervisee engaged in activities requiring supervision for 160 hours *per week*, nor would you want to indicate that same supervisee only engaged in 40 hours *per month*, if those totals were incorrect.

SECTION 1

This section must be completed by the supervisor of a Provisional Licensed Psychologist or Applicant who has practiced psychology, or Licensed Psychological Associate who has engaged in activities requiring supervision. If the individual named in #1 under the Generic Information has not engaged in practice which required supervision, enter zero ("0") where applicable.

A. Supervisor's Name J. Harold Deere License Number 0246

B. Mailing Address Community One Mental Health, 1012 Chestnut Street, Suite 137, Neverland, NC 28910
Note change in mailing address: Yes No Daytime telephone number: (336) 265-7891 x120
E-mail Address harold.deere@comh.org

C. Supervision with above supervisor has terminated for practice at the setting listed in #3 of Generic Information: Yes No

D. Number of hours of individual face-to-face supervision: 4 per week month

E. Number of supervision sessions: 4 per week month

F. Hours supervisee has been engaged in activities requiring supervision: 160 per week month
For **Psychological Associates**, this number shall include **only** those hours during which the supervisee engaged in the specific activities requiring supervision as defined by law and rules (assessment of personality functioning; neuropsychological evaluation; psychotherapy, counseling, and other interventions with clinical populations for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior; and, the use of intrusive, punitive, or experimental procedures, techniques, or measures). For **Provisional Licensed Psychologists** and **Applicants**, this number shall include **all** activities which constitute the practice of psychology [definition of "practice of psychology" is found in G.S. § 90-270.2(8)].

G. Total number of hours supervisee has engaged in activities requiring supervision during **this reporting period**: 960

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The total number of supervised hours is equal to the number of months/weeks reported in Item 5 of the Generic Information multiplied by the number of hours reported in Item F of Section 1.

SECTION 1 CONTINUED...

Questions often arise with supervisors about differentiating between health services hours and practice hours. Under the "Frequently Asked Questions" link on the sidebar of the Board's website, there is a question/answer that deals directly with this issue. If you have further questions, please feel free to contact the Board office.

QUICK TIP

If your supervisee did not engage in activities requiring supervision during this reporting period, *do not* provide numerical ratings. Simply note "N/A" in the margin, and sign and date the form.

H. Total number of **health services hours** accumulated during **this report period** (if applicable): 960

Health services in psychology include the diagnosis, evaluation, treatment, remediation, and prevention of: mental, emotional, and behavioral disorder, disability, and illness; substance abuse; habit and conduct disorder; and psychological aspects of physical illness, accident, injury, and disability. Included are counseling, psychoeducational, and neuropsychological services related to the above. Health services include collateral contacts by a psychologist with families, caretakers, and other professionals for the purpose of benefiting a patient or client of that psychologist, as well as, direct services by a psychologist to individuals and groups.

I. Rate the following areas and provide any comments on an attached sheet. Written comments are **required** to be submitted for any below average ratings. **If** the total number of hours of supervision reported equals zero ("0"), ratings should be left blank, but the supervisor must sign below.

- Supervisee's adherence to ethical, legal, and professional standards:

<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
excellent		average				very poor
- Supervisee's technical skills and competence:

<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
excellent		average				very poor
- Supervisee's utilization of supervision:

<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
excellent		average				very poor
- Supervisee's ability to function independently or with reduced supervision:

<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
excellent		average				very poor

I attest that this Supervision Report has been shared with the supervisee, and that supervision has been provided in accordance with the Supervision Contract Form on file with the Board.

Supervisor's Signature _____ Date _____

If you provide the supervisee with a below average rating in any area on the report form (a rating of 3 or lower), the Board requires that you attach a narrative explanation that provides a basis for the rating.

If any part of the supervision requirements are unclear, please feel free to contact the Board office for clarification.

