NORTH CAROLINA PSYCHOLOGY BOARD

895 State Farm Road, Suite 101 Boone, NC 28607 (828) 262-2258 • www.ncpsychologyboard.org

SUPERVISION REPORT

Please read carefully and you may type or print. A separate report must be completed for each Supervision Contract Form on file with the Board.

SUPERVISEE GENERIC INFORMATION

	on must be supplied on <i>each</i> report.)License Number	
2. Mailing Address		
Note change in mailing address: ☐ Yes ☐ No		
E-mail address	Daytime telephone number ()	
3. This report form covers: (<i>check only one</i>) ONLY ONE WORK SETTING PER REPORT	4. Work at setting reported in #3 has terminated:	
□ Practice/work at (provide business name & ad	ldress): □Yes	
□Unemployment □Retirement	(chooled anompleyment of realismy)	
5. Report covers the following period of time Report must cover past, NOT future, activities. (mo	through nth, day, year) (month, day, year)	
	mii, day, year) (momii, day, year)	
Check the supervision level for which you were approved by the Board <u>during the time period in #5.</u>	□ Applicant □ Provisional	□ Level 1 □ Level 2
Levels 2 and 3 require that you previously have been a		□ Level 3
psychology or a Licensed Psychological Associate who h	SECTION 1 following: a Provisionally Licensed Psychologist or Application as engaged in activities requiring supervision. If the indivice which required supervision, enter zero ("0") where applications.	idual named in #1
A. Supervisor's Name	License Number	
B. Mailing Address		
Note change in mailing address: ☐ Yes ☐ No Da	aytime 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	:: <i>per</i> □ week □ month □ quarter (every	three months)
E. Number of supervision sessions: p	$er \square$ week \square month \square quarter (every three months)	
For Psychological Associates , this number sh specific activities requiring supervision as define evaluation; psychotherapy, counseling, and other eliminating symptomatic, maladaptive, or undes techniques, or measures). For Provisional Lice	iring supervision: per \(\) week \(\) month all include only those hours during which the supervisee by law and rules (assessment of personality functioning er interventions with clinical populations for the purpose of ired behavior; and, the use of intrusive, punitive, or experiensed Psychologists and Applicants, this number shall inition of "practice of psychology" is found in G.S. §90-270	engaged in the g; neuropsychological f preventing or imental procedures, include all activities
G. Total number of hours supervisee has engaged in acti	ivities requiring supervision during this reporting period:	:

Page 1 of 2 SupvRpt 09/21

counseling, ps assessment ar collateral conta	luation, treatment by; and psychologychoeducational and report writing acts by a psycho	ogical aspects of I, and neuropsych , including scoring blogist with family	physical illness, acc hological services re g of test protocols; d members, caretake	cident, injury, an elated to the abo locumentation ours, and other ind	d disability. Include ve. Health services f services provided dividuals for the pu	rpose of benefiting a
I. Rate the following are below average ratings	as and provide	any comments or	n an attached sheet.	Written comme	nts are <i>required</i> to	
supervisor must sign b	oelow.			1 ()	,, 3	,
 Supervisee's adherer 7 					□ 3	□ 4
excellent	□ 6	□ 5	□ 4 average	□ 3	□ 2	□ 1 very poor
2. Supervisee's technica	al skills and com	npetence:	avolago			vory poor
□ 7	□ 6	. □ 5	□ 4	□ 3	□ 2	□ 1
excellent			average			very poor
3. Supervisee's utilization					_	
☐ 7	□ 6	□ 5	□ 4	□ 3	□ 2	□ 1
excellent 4. Supervisee's ability to	n function inden	endently or with r	average			very poor
				□ 3	□ 2	□ 1
excellent	□ 0	_ J	average	□ 3	_ _	very poor
I attest that this Supervithe Supervision Contract			h the supervisee, an	d that supervisi	on has been provid	ded in accordance with
Supervisor's Signature			Date			
•			SECTION 2			
DO NOT complete or s must be completed by F	i ign this Sectio Psychological As Psychologists a	ssociates whose a and Applicants wh	r completed and si activities were limited no were not involved	d to those activi	of this report. Ot	
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Page 2 of 2 SupvRpt 09/21