

Supervision Assessment Form – School Clinicians

Clinician: _____

Date submitted: _____ Employer: _____

1st Year of supervision 2nd Year of supervision

Report covering the period from: _____ to _____

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)

Recommendation re permanent certification: (final report only)

Clinician's Comments:

Supervisor(s) _____ **Clinician** _____