

School Clinician Supervision Report

School Clinician Information

Legal Surname _____ Given Name _____ Middle Name _____

Email Address _____ Date of Birth (Day/Month/Year) _____ Certificate Number _____

Employer _____

Discipline Supervisor Information

Legal Surname _____ Given Name _____ Middle Name _____

Email Address _____ Supervisor Telephone Number _____ Certificate Number _____

Report Period from: _____ Report Period to: _____

Note: This report must cover from the issue date of a valid school clinician certificate to the same day of the next year (e.g. April 28, 2021 to April 28, 2022). Reports that do not cover a full year of supervision will not be accepted.

Hours of direct supervision (minimum of 25 hours over two years):

Report Type: First Year Supervision Second Year Supervision

ACTIVITY	SUB-SKILL	PERFORMANCE			
		Meets Performance Expectations	Not Meeting Performance Expectations	In Progress/ Developing	Not Observed
1. Assessment	Appropriateness				
	Implementation				
	Interpretation				
2. Treatment / Therapy	Appropriateness of treatment/therapy				
	Implementation				
	Evaluates effectiveness of intervention				
3. Consultation / Programming	Appropriateness of consultation / programming				
	Implementation				
	Follow-up of programming				

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ACTIVITY	SUB-SKILL	PERFORMANCE			
		Meets Performance Expectations	Not Meeting Performance Expectations	In Progress/ Developing	Not Observed
4. Caseload Management and Organization	Balances priorities				
	Caseload management				
	File management				
5. Communicating with and Relating to:	Students				
	Parents				
	Educators				
	Outside agencies				
6. Team Functioning	Active participant				
	Takes other views into account				
	Shares relevant information				
	Seeks others input				
7. Written Communication	Concise/Complete				
	Accurate				
	Written for the audience				
8. Inservices / Presentations	Relevant content				
	Appropriate to audience				
	Appropriate delivery style				
9. Professional Development	Relevant PD				
	Shares new information				
	Incorporates new learning into practice				
10. Professional Ethics / Practice Standards	Familiar with Code of Ethics and relevant legislation				
	Self-awareness of clinical competency				

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OBJECTIVES FOR CONTINUED GROWTH AND DEVELOPMENT (If applicable):

Supervisor's Summary Comments:

Clinician's Comments:

I have read this supervision report:

Clinician Name (please print)

Clinician Signature (in ink)

Date

Discipline Supervisor Name (please print)

Discipline Supervisor Signature (in ink)

Date

Student Services Coordinator Name (please print)

Student Services Coordinator Signature

Date

Return to:

**Professional Certification Unit
P.O. Box 700, 402 Main Street N.
Russell, Manitoba, Canada R0J 1W0**

**Telephone 1-204-773-2998
In Manitoba 1-800-667-2378
Fax 1-204-773-2411**

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