

# School Clinician Supervision Report



## School Clinician Information

Legal Name \_\_\_\_\_  
Surname Given Name Middle Name

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Day/Month/Year

Employer \_\_\_\_\_

## Discipline Supervisor Information

Legal Name \_\_\_\_\_  
Surname Given Name Middle Name

Email Address \_\_\_\_\_ Telephone No. \_\_\_\_\_ Cert. No. \_\_\_\_\_

Report Period from: \_\_\_\_\_ to \_\_\_\_\_  
Day/Month/Year Day/Month/Year

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				
4. Caseload Management and Organization	Balances Priorities				
	Caseload Management				
	File Management				

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ACTIVITY	SUB-SKILL	PERFORMANCE			
		Meets Performance Expectations	Not Meeting Performance Expectations	In Progress/ Developing	Not Observed
<b>5. Communicating and Relating to:</b>	Students				
	Parents				
	Educators				
	Outside Agencies				
<b>6. Team Functioning</b>	Active participant				
	Takes other views into account				
	Shares relevant information				
	Seeks others input				
<b>7. Written Communication</b>	Concise/Complete				
	Accurate				
	Written for the Audience				
<b>8. Inservices / Presentations</b>	Relevant Content				
	Appropriate to Audience				
	Appropriate Delivery Style				
<b>9. Professional Development</b>	Relevant PD				
	Shares new information				
	Incorporates new learning into practice				
<b>10. Professional Ethics / Practice Standards</b>	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)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Discipline  
Supervisor \_\_\_\_\_  
Name (Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Services  
Coordinator \_\_\_\_\_  
Name (Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student Services Coordinator

Return to:  
**Professional Certification Unit  
PO Box 700, 402 Main Street N.  
RUSSELL MB R0J 1W0**

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

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