

## KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail) 500 Mero St., 2 SC 32, Frankfort, KY 40601 (Courier/Special Delivery) Phone: (502) 782-8812 ~ Fax: (502) 564-4818 ~ http://psy.ky.gov

## SUPERVISORY REPORT Dates of Past Supervision From Supervisor Supervisee **Business Address Business Address** Phone Fax Phone Fax LICENSE LEVEL ☐ Temporary Licensed Psychological Associate ☐ Temporary Licensed Psychologist ☐ Licensed Psychological Associate / Certified Psychologist FREQUENCY, FORMAT, AND DURATION OF SUPERVISION Individual face-to-face, one hour – 201 KAR 26:171 Section 12 ■ Weekly ☐ Other Board-approved arrangement: \_\_\_\_\_\_\_\_\_attach a copy of approval letter Direct Observation – 201 KAR 26:171 Section 8(4) Frequency: At least once every two months ☐ Other Board-approved arrangement: attach a copy of approval letter Method: ☐ Audiotape ☐ Video camera ☐ Videotape ☐ One-way mirror ☐ Co-therapist □ Other: Supervisory Report Submission Requirements □ 6 months □ 1 year □ 2 years □ Other: \_ **EVALUATION OF SUPERVISEE STRENGTHS** WEAKNESSES (Address remediation of weaknesses in next Supervisory Plans and Goals) STRENGTHS/WEAKNESSES OF SUPERVISOR OR SUPERVISORY PROCESS Reviewed by: Date: ■ Approved ■ Deferred ■ Denied Comments:

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EXCEPTIONAL	GOOD	COMPETENT	POOR	UNACCEPTABLE	NOT APPLICABLE
1) Foundations in psy	chological thec	ory.			
5	4	3	2	1	NA
2) Ability to conceptu	alize and organ	ize cases.			
5	4	3	2	1	NA
3) Ability to formulate	diagnostic imp	ressions from interview	S.		
5	4	3	2	1	NA
4) Ability to formulate diagnostic impressions from formal assessment procedures.					
5	4	3	2	1	NA
5) Ability to manage time and caseload responsibilities competently.					
5	4	3	2	1	NA
6) Practice/intervention	on skills.				
5	4	3	2	1	NA
7) Ability to produce v	written reports a	and evaluations that are	theoretically se	ound and supported by t	he data.
5	4	3	2	1	NA
8) Ability to utilize cor	nsultation/super	visory process.			
5	4	3	2	1	NA
9) Ability to conduct p	oractice in a leg	al and ethical manner.			
5	4	3	2	1	NA
***NOTE:	Ratings belo	w "3" should be addre	essed in next S	Supervisory Plans & G	oals***
OTHER COMMENTS	:				
Supervisee Signature Date			Super	visor Signature	Date

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