

# SUPERVISION PLAN FORM

## Plan A

Revised October 2000

Supervisee's Name: \_\_\_\_\_ Registration No: \_\_\_\_\_  
(PLEASE PRINT)

### ***WORK SETTING FOR SUPERVISED EXPERIENCE:***

#### ***Employing Agency***

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Postal Code \_\_\_\_\_

#### ***Specific Work Setting(s)***

Setting Name \_\_\_\_\_  
Address \_\_\_\_\_  
(if not same as above)  
Postal Code \_\_\_\_\_  
Position Title \_\_\_\_\_

#### ***Employment Supervisor***

Name \_\_\_\_\_  
Position Title \_\_\_\_\_

#### ***Psychology Well Established***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### ***Consultation Available***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED EXPERIENCE:**

**Nature and Breadth of Experience**

*Describe proposed experience, indicating types of target population, reasons for referral, assessment methods, and forms of intervention:*

**CONDUCT OF SUPERVISION:**

**Formal Supervision**

Duration of Supervision

Number of hours per month

Number of sessions per month

Supervision Activities

**Informal  
Supervision**

Type(s) of contact  
to be received \_\_\_\_\_  
Frequency of  
contact per month \_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION SUPERVISOR:**

**Work  
Setting**

Name: \_\_\_\_\_ Registration  
#: \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Postion Title \_\_\_\_\_  
Organizational Relationship  
to Supervisee \_\_\_\_\_

**DECLARATION:**

We, the Supervisee and Supervisor, declare that:

1. We agree to follow this Supervision Plan, with the approval of the Board;
2. We have read the Supervision Guidelines of the Newfoundland Board of Examiners and agree to abide by the Guidelines in carrying out our Supervision Plan.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Supervisee

\_\_\_\_\_  
Supervisor Date \_\_\_\_\_

## SUPERVISION PLAN FORM INSTRUCTIONS

The Board must ensure that your proposed supervised experience meets the general requirements, as set down in the Supervision Guidelines. This is done through a Supervision Plan which you submit to the Board for approval on the **Supervision Plan Form**. Your supervised experience does not officially begin until your plan is approved by the Board.

The first step for you and your supervisor is to read the Supervision Guidelines carefully to ensure that you cover all aspects of the requirements in your planning.

It is expected that you provide only as much detail as is necessary to show how your proposed experience conforms to the requirements. If you need more space than the Form allows, you may add extra sheets. Then sign the Declaration section, and mail the completed Form to:

The Registrar  
Newfoundland Board of Examiners in Psychology  
P.O. Box 8275, Station A  
St. John's, NL  
A1B 3N4

Please note that...

**Employing Agency** refers to the organization employing you and, where applicable, **Specific Work Setting** refers to the unit(s), service(s) or program(s) of that organization in which you work. Your **Employment Supervisor** is the person within your agency or setting, designated by your employer at hiring, to whom you are directly accountable for your job performance.

For **Psychology Well Established**, enter information about the history and present status of Psychology in your employing agency and specific work setting, that will enable the Board to tell how well Psychology is established. This information should include the date (year) when the agency first employed a psychologist; the date when your specific work setting first had a psychologist; the number of psychologists currently employed by the agency; and an indication of the amount and variety of assessment and intervention resources available to you.

For **Consultation Available**, give the names of the other psychologists with your agency or setting who are available to you for consultation.

Regarding **Supervision activities**, the supervisee is expected to use all five recommended in the Guidelines. If an activity is not to be included for some reason, the supervisee should explain the omission in an accompanying letter, co-signed by the supervisor. Please make sure you specify the kinds of practice activity to be covered by direct review and the approximate amounts of time intended for each activity, expressed in percentages.

***Organizational Relationship to Supervisee:*** Where Supervisee and Supervisor are employed in the same agency, indicate their organizational relationship to show there is no conflict of interest.

For school-based supervisees, some documented professional activity in the summer break is necessary for full credit of a calendar year of supervised experience. In which case your Supervision Plan should include your proposed activities and supervision arrangements for the summers .