

American Board of Professional Psychology

SUPERVISOR FORM

This form is to be completed by a licensed psychologist who has personally provided supervision in Rehabilitation Psychology to _____, who has applied to the American Board of Professional Psychology, Inc. for candidacy for the Diploma in Clinical Psychology. We would appreciate your responding to the following questions and completing the rating form below. Should you wish to provide additional comments, please feel free to do so. Please return form to the above applicant in a sealed envelope to be sent with the completed application materials.

Please estimate the statistics below and on the reverse of this form. Tell us how long and in what capacity you have known the candidate. Please tell us about the nature of the supervision and a brief vignette of your qualifications in the specialty

	Individual	Group
Hours per week supervised	_____hrs	_____hrs
Total # of hrs. supervised	_____hrs	_____hrs
Duration of supervision	_____hrs	_____hrs
Clinical supervision %	_____%	_____%
Administrative supervision	_____%	_____%

Below, please also indicate the context of each supervision (settings, patient populations served, etc).

Please rate the candidate in each of the areas below. Please compare the candidate to other psychologists, preferably those working in rehabilitation.

Construct Area	Below Average	Average	Above Average	Exceptional	N/A
Assessment					
Intervention					
Consultation					
Supervision					
Consumer Protection					
Professional Development					
Research & Inquiry					

Please provide additional comments below, or use a separate sheet as necessary:

Name (Print)

Signature

Date
