



Progress report

Type: **Supervision program for re-entry to practice**

Profession: **Psychology**

This report form is for supervisors of psychologists and provisional psychologists who are undertaking a program of supervised practice approved by the Board in order to meet the recency of practice requirements for general registration.

SECTION A: Reporting period

What are the dates of the reporting period?

 to

Is this the final report for this re-entry to practice program?

- Yes
 No

SECTION B: Supervisee details

Name

Registration number

Approved workplace details

Job title

Employer

Hours worked this reporting period

Cumulative hours worked during this re-entry program

Leave blank if this is the first progress report.

SECTION C: Supervision

Supervisor details

Name

Registration number

How many hours of formal supervision did the supervisee complete with you or an approved secondary supervisor?

Hours of supervision during this reporting period

Cumulative hours of supervision during this re-entry program

Leave blank if this is the first progress report.

Did you and/or a secondary supervisor directly observe the supervisee's practice with clients during this period?

Yes - Specify number of times observed

No - Go to Section D: Progress report

SECTION D: Progress report

The table below should be completed by the supervisee and the supervisor. It should include the identified learning goals and needs from the supervisee's re-entry to practice plan, and if applicable any additional learning needs and goals that have been identified; and details of work and activities that have contributed to progress towards or achievement of the goal. If the supervisee is not progressing as planned please provide information in the supervisor's comments.

Identified learning needs and goals	How have these needs/goals been addressed in this reporting period? e.g. supervised professional practice, professional supervision/peer consultation, formal CPD activities, private study and reading activities etc.	Supervisor's assessment	Supervisor's comments (if applicable)
		<input type="checkbox"/> Goal achieved <input type="checkbox"/> Progressing as planned <input type="checkbox"/> Not progressing as planned <input type="checkbox"/> N/A not addressed this reporting period	
		<input type="checkbox"/> Goal achieved <input type="checkbox"/> Progressing as planned <input type="checkbox"/> Not progressing as planned <input type="checkbox"/> N/A not addressed this reporting period	
		<input type="checkbox"/> Goal achieved <input type="checkbox"/> Progressing as planned <input type="checkbox"/> Not progressing as planned <input type="checkbox"/> N/A not addressed this reporting period	
		<input type="checkbox"/> Goal achieved <input type="checkbox"/> Progressing as planned <input type="checkbox"/> Not progressing as planned <input type="checkbox"/> N/A not addressed this reporting period	
		<input type="checkbox"/> Goal achieved <input type="checkbox"/> Progressing as planned <input type="checkbox"/> Not progressing as planned <input type="checkbox"/> N/A not addressed this reporting period	
		<input type="checkbox"/> Goal achieved <input type="checkbox"/> Progressing as planned <input type="checkbox"/> Not progressing as planned <input type="checkbox"/> N/A not addressed this reporting period	

SECTION E: Supervision declaration

The principal supervisor is required to complete either the statement of satisfactory progress, or if this is the final report, the final assessment of competence.

Is this the final report for this re-entry to practice program?

- Yes - Complete the **Statement of final assessment of competence**
- No - Complete the **Statement of satisfactory progress**

Statement of satisfactory progress

I declare that:

- the re-entry program is being undertaken in accordance with the approved *Plan for professional development and re-entry to practice as a psychologist*
- based on my observation and supervision of the supervisee, I am satisfied that their practice is safe and ethical and the services they provide are of an appropriate quality, and
- the information in this progress report is true and correct.

Supervisor name

Supervisor signature

Date

Supervisee name

Supervisee signature

Date

Statement of final assessment of competence

I declare that:

- the re-entry program has been successfully completed in accordance with the approved *Plan for professional development and re-entry to practice as a psychologist*
- based on my observation and supervision of the supervisee, I am satisfied that their psychological skills and knowledge are sufficiently up to date so that they are able to practice competently, safely and ethically in their area of practice, and the services they provide are of an appropriate quality for independent practice as a general psychologist, and
- the information in this progress report is true and correct.

Supervisor name

Supervisor signature

Date

Supervisee name

Supervisee signature

Date

Send the completed progress report to:

Psychology registration
AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY (*refer right*)

Sydney NSW 2001
 Canberra ACT 2601
 Melbourne VIC 3001
 Brisbane QLD 4001

Adelaide SA 5001
 Perth WA 6001
 Hobart TAS 7001
 Darwin NT 0801