



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

1. What are the dates of the reporting period?

Start date

to

End date

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

YES

NO

SECTION B: Supervisee details

3. What are the supervisee's details?

Name

Registration number

P	S	Y																	
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4. What are the approved workplace details?

Leave 'cumulative hours' blank if this is the first progress report.

Job title

Employer

Hours worked this reporting period

Cumulative hours worked during this re-entry program

SECTION C: Supervision

5. What are the supervisor's details?

Name

Registration number

P	S	Y																	
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6. How many hours of formal supervision did the supervisee complete with you or an approved secondary supervisor?

Leave 'cumulative hours' blank if this is the first progress report.

Hours of supervision during this reporting period

Cumulative hours of supervision during this re-entry program

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

YES

NO **Go to Section D: Progress report**

Specify the number of times observed

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.

8. 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 <input type="text"/>	Supervisor signature  SIGN HERE
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

Supervisee name <input type="text"/>	Supervisee signature  SIGN HERE
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

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 <input type="text"/>	Supervisor signature  SIGN HERE
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

Supervisee name <input type="text"/>	Supervisee signature  SIGN HERE
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	



Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload.
You may contact Ahpra on 1300 419 495