**SUPERVISOR REPORT- FINAL**

**Instructions for supervisors**

**SECTION 1 - Supervision arrangements**

Date of report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant (Supervisee) details:

|  |  |
| --- | --- |
| Name: |  |
| Registration number : |  |

Supervisor details:

|  |  |
| --- | --- |
| Name of Supervisor 1: |  |
| Registration number: |  |
| Name of Supervisor 2:(if applicable) |  |
| Registration number: |  |

Hours of supervision received and at what level:

|  |  |  |
| --- | --- | --- |
| Level of Supervision  | Date range of supervision  | Number of hours |
| Level 1: Direct supervision  |  |  |
| Level 2: Indirect supervision |  |  |
| Level 3/4: Remote supervision |  |  |

SECTION 2 – Performance against capabilities and learning objectives specific to the supervisee

Please copy and paste the Learning Objectives documented in Table 2, Section Two of your supervision plan into the first column of the table below. Only the supervisor should rate and comment on each learning goal. .

The rating scale to be used is:

1 = Performs consistently much poorer than the level expected

2 = Performs consistently poorer than the level expected

3 = Performs consistently at the level expected

4 = Performs consistently better than the level expected

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Individual Learning Objectives** (Initial/mark the box under each category that best describes the supervisee's performance.  | **1. Performs consistently much poorer than the level expected** | **2. Performs consistently poorer than the level expected** | **3. Performs consistently at the level expected** | **4. Performs consistently better than the level expected** | **Supervisor Comment**  |
| 1. (insert learning objective from the supervised practice plan here. Add additional rows as required)  |  |  |  |  |  |
|
| 2. |  |  |  |  |  |
|  |  |  |  |  |
| 3.  |  |  |  |  |  |
|  |  |  |  |  |

**Section 3: Performance against set ACSOT criteria**

The Australian Minimum Competency Standards for New Graduate Occupational Therapists (ACSOT) are the measure used to assess practice in the supervisor’s report.

**Unit 1** – Occupational Therapy Professional Attitudes and Behaviour

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria: Initial/mark the box under each category that best describes the supervisee's performance.  | **1. Performs consistently much poorer than the level expected** | **2. Performs consistently poorer than the level expected** | **3. Performs consistently at the level expected** | **4. Performs consistently better than the level expected**  |
| 1.1 Adopts a client centred approach to practice |  |  |  |  |
|  |  |  |  |
| 1.2 Practices in a culturally safe professional manner  |  |  |  |  |
|  |  |  |  |
| 1.3 Practices in a professional manner that meets ethical and legal responsibilities  |  |  |  |  |
|  |  |  |  |
| 1.4 Promotes and facilitates occupation through the application of professional knowledge, skills, attitudes and evidence appropriate to the practice context  |  |  |  |  |
|  |  |  |  |
| 1.5 Incorporates best available research evidence and professional reasoning into occupational therapy practice.  |  |  |  |  |
|  |  |  |  |
| 1.6 Maintains and enhances competence trough lifelong learning and continuing professional development activities  |  |  |  |  |
|  |  |  |  |
| 1.7 Demonstrates professional knowledge, skills and attitudes appropriate for the working environment  |  |  |  |  |
|  |  |  |  |
| 1.8 Contributes to the promotion and advancement of occupational therapy |  |  |  |  |
|  |  |  |  |

**Unit 2** – Occupational Therapy Information Gathering and Collaborative Goal Setting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria: Initial/mark the box under each category that best describes the supervisee's performance.  | **1. Performs consistently much poorer than the level expected** | **2. Performs consistently poorer than the level expected** | **3. Performs consistently at the level expected** | **4. Performs consistently better than the level expected** |
| 2.1 Performs a relevant comprehensive assessment of occupational performance  |  |  |  |  |
| 2.2 Engages in critical, collaborative, professional reasoning processes to determine priorities for intervention |  |  |  |  |
| 2.3 Develops, communicates and implements an effective and efficient plan for occupational therapy intervention |  |  |  |  |

 **Unit 3** – Occupational Therapy Intervention and Service Implementation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria: Initial/mark the box under each category that best describes the supervisee's performance.  | **1. Performs consistently much poorer than the level expected** | **2. Performs consistently poorer than the level expected** | **3. Performs consistently at the level expected** | **4. Performs consistently better than the level expected** |
| 3.1 Demonstrates client-centredness during intervention |  |  |  |  |
| 3.2 Promotes client occupational performance and participation |  |  |  |  |
| 3.3 Selects and implements intervention strategies and methods appropriate to the client |  |  |  |  |
| 3.4 Selects and implements intervention strategies and methods appropriate to the working environment  |  |  |  |  |
| 3.5 Utilises available community resources, facilities and services |  |  |  |  |
| 3.6 Respects and supports the role(s) of significant other(s)  |  |  |  |  |
| 3.7 Plans cessation/completion of services/ effective handover |  |  |  |  |

 **Unit 4: Occupational Therapy Service Evaluation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria: Initial/mark the box under each category that best describes the supervisee's performance.  | **1. Performs consistently much poorer than the level expected** | **2. Performs consistently poorer than the level expected** | **3. Performs consistently at the level expected** | **4. Performs consistently better than the level expected** |
| 4.1 Incorporates perspectives of multiple stakeholders in evaluation of occupational therapy service provision |  |  |  |  |
| 4.2 Demonstrates ability to understand and conduct multiple evaluation methods and techniques  |  |  |  |  |
| 4.3 Demonstrates an understanding of and commitment to principles and methods of quality improvement |  |  |  |  |
| 4.4 Utilises evaluation outcomes to make recommendations for future practice  |  |  |  |  |

**Unit 5: Occupational Therapy Professional Communication**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria: Initial/mark the box under each category that best describes the supervisee's performance.  | **1. Performs consistently much poorer than the level expected** | **2. Performs consistently poorer than the level expected** | **3. Performs consistently at the level expected** | **4. Performs consistently better than the level expected** |
| 5.1 Facilitates active participation of the client in service provision |  |  |  |  |
| 5.2 Adopts a communication approach appropriate to the working environment  |  |  |  |  |
| 5.3 Documents and reports relevant aspects of service provision  |  |  |  |  |
| 5.4 Shares professional information responsibly  |  |  |  |  |

 **Unit 6: Occupational Therapy Professional Education and Development**

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| --- | --- | --- | --- | --- |
| Criteria: Initial/mark the box under each category that best describes the supervisee's performance.  | **1. Performs consistently much poorer than the level expected** | **2. Performs consistently poorer than the level expected** | **3. Performs consistently at the level expected** | **4. Performs consistently better than the level expected** |
| 6.1 Engages in lifelong learning processes to maintain professional competence |  |  |  |  |

**Unit 7: Occupational Therapy Professional Practice Responsibilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria: Initial/mark the box under each category that best describes the supervisee's performance.  | **1. Performs consistently much poorer than the level expected** | **2. Performs consistently poorer than the level expected** | **3. Performs consistently at the level expected** | **4. Performs consistently better than the level expected** |
| 7.1 Adopts an efficient, effective and systematic approach to daily workload management  |  |  |  |  |
| 7.2 Works effectively within the structure of the workplace environment  |  |  |  |  |
| 7.3 Contributes to quality assurance and service development  |  |  |  |  |

 **\*Supervisors should contact the Board as soon as practical if the learning objectives are not achievable and/or where there are immediate concerns**

|  |  |
| --- | --- |
| Emerging issues or problems (if applicable) | Measures to address emerging issues or problems (eg ongoing close supervision or further development required for regulatory purposes) |
|  |  |
|  |  |

(Include additional rows or attach further information, as required)

Summary statement on performance during this period of supervision and ongoing recommendations for further supervision:

|  |
| --- |
|  |

Is the registrant (supervisee) suitable for ongoing registration in terms of her/his competency for independent safe practice?

[ ]  **Yes**

[ ]  **No. Specify any emerging problems or areas requiring ongoing / close supervision or further development required for regulatory purposes:**

|  |
| --- |
|  |

Supervisor’s declaration

Based on my observation and knowledge of the practitioner's practice in the profession I attest to her/his competency for independent safe practice without condition or restriction:

Signature of supervisor             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of supervisor       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who do you send it to?

All documentation should be sent to the AHPRA office in your capital city, as listed on Contact Us section of the AHPRA website (www.ahpra.gov.au) or below:

AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY

You may contact the Australian Health Practitioner Regulation Agency on 1300 419 495 or you can lodge an enquiry at [www.ahpra.gov.au](http://www.ahpra.gov.au)

Sydney NSW 2001 Adelaide SA 5001 Canberra ACT 2601 Perth WA 6001Melbourne VIC 3001 Hobart TAS 7001Brisbane

QLD 4001 Darwin NT 0801

For information on the Occupational Therapy Board of Australia please visit [www.occupationaltherapyboard.gov.au](http://www.occupationaltherapyboard.gov.au).

Questions?

Please call AHPRA if your enquiry is urgent.

Within Australia call **1300 419 495**

From outside Australia call + 61 3 8708 9001

Opening hours: Monday to Friday 09:00am – 05.00pm (local time)

Or complete a web enquiry form: [www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry.aspx](http://www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry.aspx)