

FORM SF4 END OF SUPERVISED PRACTICE EVALUATION REPORT

Name of Supervisee:	Registration No:
Institution and Department:	
Total Supervision Period:	Start date _____ (DD/MM/YY) to End date _____ (DD/MM/YY)
Employment Status:	<input type="checkbox"/> In Service <input type="checkbox"/> Contract expired <input type="checkbox"/> Resigned <input type="checkbox"/> Service discontinued

INSTRUCTIONS:

1. This End of Supervised Practice Evaluation Report must be submitted together with the last Supervisor Assessment Report (Form SF3) for
 - i. Registered therapists who have completed their full supervised practice period, or
 - ii. Therapists who are leaving their organisation during the supervised practice period.
2. This report may only be completed by the Primary Supervisor.
3. This report must be acknowledged by the Head of Department or the relevant authority.
4. Both reports (SF3 – Supervisor Assessment Report and SF4 – End of Supervised Practice Evaluation Report) must be submitted to the Council 1 month before the end of the Supervised Practice Period. The completed reports are to be sent under confidential cover in a sealed envelope to:

Attention: Secretariat
Allied Health Professions Council
81 Kim Keat Road
NKF Centre, Level 8
Singapore 328836

1. GENERAL EVALUATION OF SUPERVISED PRACTICE

The supervisee has demonstrated ability to practice safely and autonomously at entry-level in

*(Please describe briefly the scope of practice during the **full** supervised practice period in the organisation).*

State reason(s) for evaluation and area(s) of improvement (if any)

2. RECOMMENDATION

Progress to Full-Registration

Extend supervision at current level

Others (please specify):

▪ Extension: ____ month

Please provide reason(s):

NAME AND DESIGNATION OF PRIMARY SUPERVISOR	SIGNATURE	DATE
NAME OF SUPERVISEE	SIGNATURE	DATE

ACKNOWLEDGEMENT BY HEAD OF DEPARTMENT OR RELEVANT AUTHORITY

NAME AND DESIGNATION	SIGNATURE	DATE

<<END>>