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:  
- [ ] In Service  - [ ] Contract expired  
- [ ] Resigned  - [ ] 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
  - Extension: ____ month
- [ ] Others (please specify):

Please provide reason(s):

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**ACKNOWLEDGEMENT BY HEAD OF DEPARTMENT OR RELEVANT AUTHORITY**

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