



AHPC-1304-SAR-01

## FORM SF3 SUPERVISOR ASSESSMENT REPORT FOR REGISTERED OCCUPATIONAL THERAPISTS

<b>Name of Supervisee:</b>	<b>Registration No:</b>
<b>Institution and Department:</b>	
<b>Type of Registration:</b>	<input type="checkbox"/> <b>Conditional</b> <input type="checkbox"/> <b>Temporary (Training/Teaching/Research/Service)*</b>
<b>Supervision Level:</b>	<input type="checkbox"/> <b>Level One (L1) supervision (4 hours/ week)</b> <input type="checkbox"/> <b>Level One (L1) supervision (4 hours/ fortnight)</b> <input type="checkbox"/> <b>Level Two (L2) supervision (4 hours/ month)</b> <input type="checkbox"/> <b>Level Three (L3) supervision (4 hours/ 2 months)</b>
<b>Stage of Assessment:</b>	<b>End of 1<sup>st</sup> / 5<sup>th</sup> / 11<sup>th</sup> / 23<sup>rd</sup> month (delete as appropriate)</b> <b>Others (please specify):</b> _____  <b>Period of Supervision:</b> _____(DD/MM/YY) to _____(DD/MM/YY)

*\*Delete as appropriate.*

### **INSTRUCTIONS:**

1. The completed report must be sent to the Secretariat staff in PDF format via email.
2. **Sections 1 through 18** of this report must be completed by the supervisor(s) identified in the initial application. If the report is completed by the secondary supervisor, the primary supervisor will be required to countersign.

3. The supervisor's duty is to provide an accurate and objective assessment of the supervised occupational therapist based on performance criteria listed in this assessment form. The supervisor will rate the performance of the supervisee according to the grade of **Developing, Competent and Exceeding**. An explanatory note has been provided for each grade. The reasons for the selection made should be stated in the space provided (including the reasons if **Not Observed** is indicated). If there is insufficient space, please attach details in a separate sheet of paper. It is the supervisor's responsibility to ensure that the final rating for Overall Clinical Competence and Recommendation cohere with the ratings for each section.
4. **Section 19** of this report must be acknowledged by the Head of Department or the relevant authority.
5. It is mandatory to highlight areas of concerns in the SF3 form.
6. A "competent" or "exceeding" rating would mean that your supervisee's performance in that area is satisfactory while a "**developing**" rating is considered not meeting the performance requirements and deemed as **unsatisfactory**.

#### **End of Supervised Practice Period Reporting**

7. This Supervisor Assessment Report must be submitted together with Form SF4 (End of Supervised Practice Evaluation Report) for
  - i. Registered therapists who have completed their full supervised practice period, or
  - ii. Therapists who are leaving their organisation during their supervised practice period.
8. For further clarification, please email the Council's secretariat at [AHPC@spb.gov.sg](mailto:AHPC@spb.gov.sg).

### 1. OCCUPATIONAL THERAPY KNOWLEDGE

Occupational therapy knowledge in the domains of activity participation, living skills, environmental factors; sensory and motor, cognitive-perceptual and psychosocial functions.

Developing	Competent	Exceeding	Not Observed
Obvious gaps in application of occupational therapy knowledge during clinical reasoning.	Competent application of occupational therapy knowledge during clinical reasoning for basic and routine cases.	Competent application of occupational therapy knowledge during clinical reasoning for all cases.	
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State reason(s) for the selection:

### 2. HISTORY TAKING

History taking involves the ability to review patient case notes, take comprehensive history from patients/caregivers and interpreting assessment results.

Developing	Competent	Exceeding	Not Observed
Difficulty reviewing essential information from case notes effectively.  Difficulty interpreting assessment results accurately.  Difficulty identifying and obtaining crucial information relevant to the case.	Able to review essential information from case notes effectively.  Able to interpret assessment results accurately.  Able to identify and obtain crucial information that is relevant to the case.	Able to review case notes effectively all of the time.  Able to interpret assessment results accurately all of the time.  Able to identify and obtain crucial information that is relevant to the case all of the time.	
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State reason(s) for the selection:

### 3. ASSESSMENT OF A PATIENT

Assessment of a patient involves the ability to select and implement relevant, reliable and valid assessments of the person and his/her environments, and to interpret findings for accurate problem/asset identification.

<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<p>Inappropriate or incomplete selection of assessments.</p> <p>Implementation of assessment lacks reliability and accuracy.</p> <p>Inaccurate interpretation of assessment results.</p> <p>Assessments implemented cannot inform on problems/assets identification and treatment planning.</p>	<p>Able to select and implement relevant assessments for routine and basic cases.</p> <p>Accurately &amp; reliably implement assessments for routine and basic cases.</p> <p>Accurate interpretation of assessment results for routine and basic cases.</p> <p>Knows when to seek help in interpretation of results in complex cases.</p> <p>Accurate &amp; reliable in identifying problems/assets from assessment results for routine and basic cases.</p>	<p>Able to select and implement relevant assessments for all cases.</p> <p>Accurately &amp; reliably implement assessments for all cases.</p> <p>Accurate interpretation of assessment results for all cases.</p> <p>Accurate &amp; reliable in identifying problems/assets from assessment results for all cases.</p>	
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State reason(s) for the selection:

#### 4. DEVELOPMENT OF THERAPY PLAN/THERAPY PLANNING

Therapy planning examines the ability to analyse, clinically reason and plan an appropriate and efficacious therapy plan (including selecting appropriate therapy interventions) based on assessment findings and evidence-based practice.

Developing	Competent	Exceeding	Not Observed
<p>Difficulty in formulating an intervention plan.</p> <p>Inappropriate intervention techniques/protocols selected.</p> <p>Difficulty setting appropriate and functional short and long term goals to meet patients' needs.</p> <p>Difficulty incorporating client-centred practice into therapy plan.</p> <p>Overlooks appropriate referral(s) to or consultation with other professionals.</p> <p>Limited awareness of evidence-based and outcome oriented practice.</p>	<p>Able to clearly formulate intervention plans for routine and basic cases.</p> <p>Appropriate intervention techniques/protocols selected for basic and routine cases.</p> <p>Sets appropriate and functional short and long term goals to meet patients' needs for routine and basic cases. Seeks help with complex cases.</p> <p>Incorporates client-centred practice into therapy plan.</p> <p>Makes appropriate referral(s) to or consults other professionals.</p> <p>Aware and able to articulate evidence-based and outcome oriented practice.</p>	<p>Able to clearly formulate intervention plans for all cases.</p> <p>Appropriate intervention techniques/protocols selected for all cases.</p> <p>Sets appropriate and functional short and long term goals to meet patients' needs for all cases.</p> <p>Able to articulate and evaluate own practice against evidence-based and outcome oriented practice.</p>	
<p><b>Developing</b></p> <p><input type="checkbox"/></p>	<p><b>Competent</b></p> <p><input type="checkbox"/></p>	<p><b>Exceeding</b></p> <p><input type="checkbox"/></p>	<p><b>Not Observed</b></p> <p><input type="checkbox"/></p>

State reason(s) for the selection:

**5. HANDLING SKILLS/EXECUTION OF THERAPY**

Therapy execution/implementation examines the ability to execute therapy in an effective and safe manner.

<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<p>Places patients' safety at risk at times.</p> <p>Poor execution of therapy technique and/or handling skills.</p> <p>Achieves poor therapy outcomes.</p> <p>Difficulty engaging patients or carers in therapy process with poor / limited communication of rationales for intervention.</p> <p>Inconsistent communication of goals, therapy approaches and training of patient or carers where appropriate.</p> <p>Limited awareness of and insensitivity to stress cues of patients or carers during intervention</p>	<p>Maintains patients' safety at all times. Seeks advice if unsure of risk to patients.</p> <p>Competent execution of therapy technique and/or handling skills for routine and basic cases.</p> <p>Achieves therapy outcomes for routine and basic cases.</p> <p>Engages and motivates patients and carers in therapy process during intervention.</p> <p>Communicates goals, therapy approaches and training of patients or carers.</p> <p>Adequate awareness of and sensitivity to stress cues of patients or carers during intervention.</p>	<p>Competent execution of therapy technique and/or handling skills for all cases.</p> <p>Achieves therapy outcomes for all cases.</p> <p>Timely awareness of and sensitivity to stress cues of patients and/or carers during intervention.</p>	

<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State reason(s) for the selection:

### 6. USE OF ACTIVITY ANALYSIS AND ENVIRONMENTAL MODIFICATION

This skill examines the use of activity analysis and environmental modification to address living skill and functional problems

Developing	Competent	Exceeding	Not Observed
<p>Lapse(s) in safety.</p> <p>Poor execution of therapeutic activities.</p> <p>Activities inadequately address living skills and functional problems.</p> <p>Poor set up and modification to therapeutic environment.</p>	<p>Observe all aspects of safety.</p> <p>Execute therapeutic activities competently.</p> <p>Modifies therapeutic environment competently.</p> <p>Activities adequately address living skills and functional problems.</p> <p>Therapeutic activities achieve treatment goals.</p>	<p>Shows competent individualization/customization (for group therapy) to the execution of therapeutic activities.</p>	
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State reason(s) for the selection:

**7. PRESCRIPTION AND USE OF ASSISTIVE DEVICES/TECHNOLOGIES/  
ORTHOTICS/PHYSICAL MODALITIES**

This skill examines the rationale for prescribing assistive devices/technologies/orthotics /physical modalities and the safety aspects associated with these prescriptions.

<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<p>Safety lapses in fabrication, training and use of equipment.</p> <p>Fails to prescribe when required by patients.</p> <p>Does not follow correct procedure of prescription, fabrication and training.</p> <p>Prescribes, fabricates and trains incorrectly.</p>	<p>Demonstrates safe fabrication for routine and basic cases.</p> <p>Demonstrates safe and appropriate training and use of equipment for routine and basic cases.</p> <p>Prescribes appropriately for routine and basic cases.</p> <p>Follows correct procedure of prescription, fabrication and training for routine and basic cases.</p>	<p>Prescribes appropriately for all cases.</p> <p>Follows correct procedure of prescription, fabrication and training for all cases.</p> <p>Demonstrates safe fabrication for all cases.</p> <p>Demonstrates safe and appropriate training and use of equipment for all cases.</p>	
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State reason(s) for the selection:



## 8. EVALUATING TREATMENT OUTCOMES

This skill examines the ability to monitor and modify outcome during therapy.

<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<p>Poor observational skills during treatment.</p> <p>Inappropriate selection / use of outcome measures.</p> <p>Inconsistently tracks outcomes.</p> <p>Inadequate ongoing evaluation of efficacy of management plan.</p> <p>Does not make appropriate or timely modification of therapy goals.</p> <p>Poor discharge planning.</p> <p>Inappropriately discharges cases.</p>	<p>Good observational skills during treatment for routine and basic cases.</p> <p>Outcome measures selected were relevant and appropriate in routine and basic cases. Seeks advice appropriately for complex cases.</p> <p>Tracks outcomes using appropriate outcome measures in routine and basic cases.</p> <p>Ongoing evaluation of efficacy of management plan for routine and basic cases.</p> <p>Modifies therapy goals for routine and basic cases as needed.</p> <p>Competent discharge planning for routine and basic cases.</p> <p>Appropriately discharges routine and basic cases. Knows when to seek advice on complex cases.</p>	<p>Good observational skills during treatment for all cases.</p> <p>Outcome measures selected were relevant and reliable in all cases.</p> <p>Tracks outcomes using appropriate outcome measures in all cases.</p> <p>Ongoing evaluation of efficacy of management plan for all cases.</p> <p>Modifies therapy goals for all cases as needed.</p> <p>Competent discharge planning for all cases.</p> <p>Appropriately discharges all cases.</p>	
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State reason(s) for the selection:

### 9. DOCUMENTATION

This skill examines the ability to write/enter medical/client records, assessment reports, progress reports and discharge summaries.

<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
Not aware of documentation procedures.  Not timely in documentation.  Documentation is not accurate.  Inappropriate use of abbreviation.  Illegible handwriting.	Adheres to documentation procedures.  Timely in documentation.  Documentation is accurate.  Appropriate use of abbreviation.  Legible handwriting.	Documentation is comprehensive and concise.	
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State reason(s) for the selection:

### 10. ETHICAL BEHAVIOUR

Ethical behaviour includes practice in the best interest of the patient, respect for patient privacy and confidentiality, and professional integrity.

<b>Developing</b>	<b>Competent</b>
Makes false/misleading claims or is not truthful in delivering services or information to patients.  Does not take into account patient welfare, safety and interest in providing clinical services.  Lack respect for patients' privacy and confidentiality.  Does not obtain informed consent from patient.	Is truthful and factual about services/therapy administered /information provided to patients.  Takes into account patient welfare, safety and interest in providing clinical services.  Show respect for patients' privacy and confidentiality  Where relevant, obtain informed consent
<b>Developing</b>	<b>Competent</b>
<input type="checkbox"/>	<input type="checkbox"/>

State reason(s) for the selection:

## 11. PROFESSIONAL BEHAVIOUR

Professional behaviour pertains to general behavior expected of a healthcare professional, and includes practice within one's limits of competence, making appropriate referrals, and accurate record keeping.

<b>Developing</b>	<b>Competent</b>
<p>Patient record keeping is incomplete or inaccurate most of the time.</p> <p>Unaware of or disregards boundaries and standards expected of the local professional community.</p> <p>Has poor/limited awareness of own level of professional knowledge and skill.</p> <p>Does not refer to other healthcare professionals even where needed.</p> <p>Does not seek assistance from fellow professionals or seniors where needed.</p> <p>Shows distress under pressure or is unable to manage self effectively.</p>	<p>Patient record keeping is complete and accurate.</p> <p>Practices within the boundaries and standards expected of the local professional community.</p> <p>Is aware of the limits of own level of professional knowledge and skill and takes appropriate actions to mitigate its impact.</p> <p>Makes appropriate referrals to other healthcare professionals where needed.</p> <p>Seeks assistance from fellow professionals or seniors where appropriate.</p> <p>Able to manage stressors at work.</p>
<b>Developing</b>	<b>Competent</b>
<input type="checkbox"/>	<input type="checkbox"/>
<p>State reason(s) for the selection:</p>     	

## 12. PROFESSIONAL DEVELOPMENT

Professional development examines the ability to develop him / herself as a clinician and to be involved in continual education and learning from colleagues.

<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<p>Shows poor receptivity to professional feedback.</p> <p>Unable to identify personal strengths and weaknesses most of the time.</p> <p>Unable to analyse clinical performance critically.</p> <p>Reluctant to engage in continual education and learning with/from colleagues.</p> <p>Shows poor effort to bridge gaps in knowledge.</p>	<p>Responds positively to professional feedback.</p> <p>Identifies personal strengths and weaknesses.</p> <p>Analyses clinical performance accurately and improves on performance.</p> <p>Engages in continual education and learning with/from colleagues.</p>	<p>Proactively seeks to improve performance.</p> <p>Shares knowledge willingly.</p>	
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State observations/reason(s) for the selection:

### 13. PROFESSIONAL RELATIONSHIPS

Professional relationships examine the interpersonal skills and the ability to develop effective professional relationships within the team and with other professionals (including students, assistants, and volunteers).

Developing	Competent	Exceeding	Not Observed
<p>Is unable to build and maintain a good working relationship within the team and with other professionals.</p> <p>Does not adhere to professional boundaries most of the time.</p> <p>Is unable to apply negotiation skills to achieve mutually satisfactory outcomes most of the time.</p> <p>Identifies role as an occupational therapist inconsistently and/or inappropriately.</p> <p>Is unable to build and maintain good working relationships with team members most of the time.</p>	<p>Builds and maintains a good working relationship within the team and with other professionals.</p> <p>Adheres to professional boundaries most of the time.</p> <p>Applies negotiation skills to achieve mutually satisfactory outcome during discussions at times.</p> <p>Identifies role as an occupational therapist consistently and appropriately most of the time.</p> <p>Builds and maintains good working relationships with team members most of the time.</p>	<p>Adheres to professional boundaries at all times.</p> <p>Builds and maintains a good working relationship within the team and with other professionals. Initiates opportunities to further develop these relationships.</p> <p>Applies negotiation skills to achieve mutually satisfactory outcome during discussions most of the time.</p> <p>Identifies role as an occupational therapist consistently and appropriately all of the time.</p> <p>Advises peers, junior therapists and other healthcare team members in own professional area of expertise.</p> <p>Shows empathy or encouragement to team members.</p> <p>Builds and maintains good working relationships with team members at all times.</p>	
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State observations/reason(s) for the selection:

### 14. COMMUNICATION SKILLS

Communication skills examine the ability to communicate effectively with patients, carers, and other professional/non-professional staff encountered at work.

Developing	Competent	Exceeding	Not Observed
<p>Not sufficiently proficient in English for effective communications (written and verbal).</p> <p>Poor rapport with patients, caregivers and other healthcare professionals.</p> <p>Poor basic counseling skills with patients and caregivers.</p> <p>Does not seek help to overcome language barrier with clients and caregivers.</p>	<p>Proficient in English for effective communications (written and verbal).</p> <p>Achieves good rapport with patients, caregivers and other healthcare professionals.</p> <p>Uses basic counseling skills where appropriate.</p> <p>Seeks help to overcome language barrier with patients and caregivers.</p>	<p>Actively builds relationships and deals effectively with people.</p> <p>Is an effective counselor.</p> <p>Proactively develops methods to overcome language barrier with patients and caregivers.</p>	
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State reason(s) for the selection:

### 15. CULTURAL COMPETENCE

Cultural competence examines the ability to adapt one's practice to the patients' culture and the local health and social care system.

Developing	Competent	Exceeding	Not Observed
<p>Insensitive to cultural background and practices of patients and / or unable to make necessary adjustments.</p> <p>Difficulty working with people from a range of different cultural backgrounds.</p> <p>Is not sufficiently aware of local health, social care and educational systems, and their implications on professional practice.</p>	<p>Sensitive to cultural background and practices of patients, and adjusts self accordingly.</p> <p>Able to work with people from a range of different cultural backgrounds.</p> <p>Demonstrates understanding of local health, social care and educational systems, and their implications on professional practice.</p>	<p>Proactively seeks resources to understand differing cultures and local health, social care and educational systems, and their implications on professional practice.</p> <p>Works effectively with people from a range of different cultural backgrounds.</p> <p>Effectively adapts to local health care, social care and educational systems.</p>	
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State reason(s) for the selection:

**16. OVERALL CLINICAL COMPETENCE OVER THIS PERIOD**

<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>
Unable to meet requirements for safe and autonomous practice as an occupational therapist at entry-level.	Performance meets requirements for safe and autonomous practice as an occupational therapist at entry-level.	Performance exceeds requirements for safe and autonomous practice as an occupational therapist at entry-level.
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State reason(s) for the selection:

**17. RECOMMENDATION**

<input type="checkbox"/> To progress to L1 (4 hours/ fortnight)	<input type="checkbox"/> To extend supervision at current level <ul style="list-style-type: none"><li>▪ Extension: ____ month</li></ul>	<input type="checkbox"/> Others (please specify):
<input type="checkbox"/> To progress to L2 (4 hours/ month)		
<input type="checkbox"/> To progress to L3 (4 hours/ 2 month)		
<input type="checkbox"/> To progress to Full Registration		

Please provide reason(s):

**18. FOLLOW-UP ACTIONS TO IMPROVE PERFORMANCE**

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**SIGNATURE OF SECONDARY SUPERVISOR (If applicable)**

<b>NAME AND DESIGNATION</b>	<b>SIGNATURE</b>	<b>DATE</b>

**SIGNATURE OF PRIMARY SUPERVISOR**

<b>NAME AND DESIGNATION</b>	<b>SIGNATURE</b>	<b>DATE</b>

**SIGNATURE OF SUPERVISEE**

<b>NAME AND DESIGNATION</b>	<b>SIGNATURE</b>	<b>DATE</b>

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

<b>NAME AND DESIGNATION</b>	<b>SIGNATURE</b>	<b>DATE</b>





Allied Health Professions Council  
c/o Secretariat of healthcare Professional Boards (SPB)  
81 Kim Keat Road #10-00  
Singapore 328836  
Email: [AHPC@spb.gov.sg](mailto:AHPC@spb.gov.sg)  
Website: <https://www.ahpc.gov.sg>

**<< END >>**