

Allied Health Professions Council c/o Secretariat of healthcare Professional Boards (SPB) 81 Kim Keat Road #10-00 Singapore 328836

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AHPC-1304-SAR-01

FORM SF3 SUPERVISOR ASSESSMENT REPORT FOR REGISTERED SPEECHLANGUAGE THERAPISTS

Name of Supervisee:		Registration No:
Institution and Departmen	nt:	
Type of Registration:	☐ Conditional ☐ Temporary (Training/Tea	aching/Research/Service)*
Supervision Level:	 Level One (L1) supervision (8 hours/ week) □ Level One (L1) supervision (4 hours/ week) □ Level Two (L2) supervision (4 hours/ fortnight) □ Level Three (L3) supervision (4 hours/ 2 months) 	
Stage of Assessment:	End of 1 st / 5 th / 11 th / 23 rd model of Others (please specify):	

*Delete as appropriate.

INSTRUCTIONS:

- 1. The completed report must be sent to the Secretariat staff in PDF format via email.
- 2. **Sections 1 through 15** 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 speech–language 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 16** 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
 - 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.sq.

1. SPEECH LANGUAGE THERAPY KNOWLEDGE				
Speech language ther	apy knowledge must be	e demonstrated in the ar	eas relevant to	
practice under supervi	ision.			
Developing	Competent	Exceeding	Not Observed	
Obvious gaps in speech language therapy knowledge. Shows minimal interest or effort in bridging gaps in knowledge identified.	Adequate speech language therapy knowledge. Demonstrates effort to update knowledge with current research evidence where appropriate.	Good speech language therapy knowledge. Constantly updating knowledge and applies current research evidence to practice. Shares knowledge willingly.		
Developing	Competent	Exceeding	Not Observed	
State reason(s) for the	e selection:			
otate reason(s) for the selection.				

2. HISTORY TAKING

History taking involves the ability to review available client case notes, take comprehensive history from client sensitively, interpret relevant assessment reports and gather relevant information from other reliable sources.

Developing	Competent	Exceeding	Not Observed
Has difficulty reviewing case notes effectively. Unable to interpret relevant assessment reports	Able to review case notes effectively most of the time. Able to interpret relevant assessment reports	Able to review case notes effectively all of the time. Able to interpret relevant assessment reports	
Unable to identify crucial information relevant to the case.	Able to identify and obtain crucial information that is relevant to the case.	Able to identify and obtain crucial information, as well as some secondary information	
Shows limited sensitivity to cultural and linguistic backgrounds.	Generally sensitive to cultural and linguistic backgrounds of clients.	that is relevant to the case. Sensitive to cultural and linguistic background of all clients.	
Developing	Competent	Exceeding	Not Observed

State reason(s) for the selection:

3. EXAMINATION/ASSESSMENT OF CLIENT

Examination involves ability to select and conduct a relevant, reliable and valid assessment of clients, to interpret findings and make an accurate diagnosis/assessment of the client.

Developing	Competent	Exceeding	Not Observed
Selects inappropriate and irrelevant assessments. Assessments are incomplete. Lacks reliability and accuracy when carrying out assessments. Inaccurate interpretation of assessment results at times. Assessment conducted cannot be used for diagnosis or results in inaccurate diagnosis at times.	Selects appropriate and relevant assessments for routine and basic cases at all times. Assessments are complete for routine and basic cases at all times. Is reliable and accurate when carrying out assessments for all routine and basic cases. Identifies gaps in assessments and takes steps to address them. Accurate interpretation of results for routine and basic cases. Knows when to seek help in interpretation of results in complex cases. Accurate & reliable diagnosis for routine and basic cases all of the time.	Selects appropriate and relevant assessments for all cases. Integrates and modifies the assessment method where relevant. Assessments are complete for all cases. Is reliable and accurate when carrying out assessments for all cases. Identifies gaps in assessments and takes steps to address them. Accurate interpretation of results for all routine and basic cases and some complex cases. Discusses interpretation of results in complex cases with appropriate SLT colleagues or other senior professionals. Accurate & reliable diagnosis for all routine and basic cases, and some complex cases.	
Developing	Competent	Exceeding	Not Observed
State reason(s) for the	e selection:		

4. THERAPY PLANNING

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

based practice.			
Developing	Competent	Exceeding	Not Observed
Unable to clearly identify or demonstrate understanding of client's problems requiring therapy intervention. Ineffective selection of therapy techniques / approaches. Difficulty setting appropriate and functional short and long term goals to meet clients' needs consistently. Difficulty incorporating appropriate client priorities into therapy plan. Limited awareness of evidence-based practice.	Able to identify and demonstrate clear understanding of the client's presenting problem in routine and basic cases. Effective selection of therapy techniques / approaches most of the time. Sets appropriate and functional short and long term goals to meet clients' needs for routine and basic cases. Seeks help with complex cases. Incorporates appropriate client priorities into therapy plan most of the time. Aware and able to articulate evidence-based practice.	Clearly demonstrates an understanding of the client's presenting problem in all cases. Effective selection of therapy techniques / approaches all the time. Sets appropriate and functional short and long term goals to meet clients' needs for simple and some complex cases. Seeks help for complex cases appropriately. Incorporates appropriate client priorities into therapy plan all the time. Able to articulate and evaluate own practice against evidence-based practice.	
Developing	Competent	Exceeding	Not Observed
State reason(a) for the	a coloction:		
State reason(s) for the	e selection.		

5. THERAPY IMPLEMENTATION

Therapy execution/implementation examines the ability to execute therapy in an effective and safe manner, and to monitor and modify treatment techniques during intervention where appropriate.

where appropriate.			
Developing	Competent	Exceeding	Not Observed
Documentation is incomplete and inaccurate with many mistakes.	Documentation is complete and accurate for routine and basic cases.	Documentation is complete and accurate for all cases.	
Documentation exceeds acceptable time frame	Documentation is timely for routine and basic cases.	Documentation is timely for all cases.	
Inappropriate selection and/or poor execution of therapy technique and/or handling skills.	Appropriate selection and/or satisfactory execution of therapy technique and/or handling skills.	Proficient selection and/or execution of therapy technique and/or handling skills.	
Does not make appropriate or timely modification of therapy goals. Ineffective client and carer education	Modifies therapy goals as needed. Effectively educates clients and carers about therapy process.	Timely and appropriate modification of therapy goals. Timely and effective education of clients and carers about therapy process.	
Places clients' safety at risk at times or does not actively seek advice on risk management.	Maintains clients' safety at all times. Seeks advice if unsure of risk to client.	Maintains clients' safety at all times. Asks appropriate questions when in doubt of risk to client.	
Difficulty engaging client and/or carer in therapy process with poor / limited communication of rationales for intervention.	Engages and motivates most clients and/or carers in therapy process with sound communication of rationales for intervention.	Engages and motivates complex range of clients and/or carers in therapy process. Effective communication of rationales	
Inconsistent communication of goals, therapy approach and training of client, carers and relevant professionals where appropriate. Limited awareness of and sensitivity to stress cues of	Effective ongoing communication of goals, therapy approach and training of client, carers and relevant professionals. Adequate awareness of and sensitivity to stress cues of clients and/or carers.	for intervention. Timely and effective ongoing communication of goals, therapy approach and training of client, carers and relevant professionals to optimise outcomes.	
clients and/or carers.	orents and/or cardis.	Good awareness of and sensitivity to stress cues of clients and/or carers. Actively seeks to address these stressors.	
Developing	Competent	Exceeding	Not Observed
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State reason(s) for the	; selection:		

6. EVALUATING THERAPY OUTCOMES & DISCHARGE
This skill examines the ability to effectively evaluate outcomes during the course of therapy and appropriately plan discharge.

Developing	Competent	Exceeding	Not Observed
Unaware of major responses to treatment in some instances. Inappropriate selection / use of outcome measures. Inconsistently tracks outcomes. Inadequate ongoing evaluation of efficacy of management plan. Inappropriate discharge of cases.	Aware of major responses to treatment. Able to recognize subtle prognostic indicators in routine and basic cases. Outcome measures selected are relevant and appropriate in routine and basic cases. Seeks advice appropriately for complex cases. Tracks outcomes using appropriate outcome measures in routine and basic cases. Adequate ongoing evaluation of efficacy of management plan. Appropriate discharge of routine and basic cases. Knows when to seek advice on complex cases. Identifies available community support for clients and carers in routine and basic cases.	Aware of changes in the client during the intervention including subtle signs. Able to anticipate changes in client outcome. Outcome measures selected are relevant and reliable in all cases. Tracks outcomes using appropriate outcome measures in all cases. Excellent ongoing evaluation of efficacy of management plan. Appropriate discharge of all cases. Identifies available community support for clients and carers in all cases.	
Developing	Competent	Exceeding	Not Observed
State reason(s) for the	e selection:		

7 FTUOAL DELIANGUE		
7. ETHICAL BEHAVIOUR		
Ethical behaviour includes practice in the best i	nterest of the patient, respect for patient privacy	
and confidentiality, and professional integrity.		
Developing	Competent	
Does not take into account client's welfare, safety and interest when providing clinical services. Lacks respect for clients' privacy and confidentiality. Does not obtain informed consent from client. Makes false/misleading claims or is not truthful in delivering services or information to clients.	Takes into account client's welfare, safety and interest in providing clinical services all of the time. Shows respect for clients' privacy and confidentiality all the time Obtains informed consent all the time. Is truthful and factual about services/therapy administered /information provided to clients all of the time.	
Developing	Competent	
State reason(s) for the selection:	<u> </u>	

8. 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.

Developing	Competent
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Unaware of or disregards boundaries and standards expected of the local professional community.	Practices within the boundaries and standards expected of the local professional community.
Has poor/limited awareness of own level of professional knowledge and skill.	Aware of the limits of own level of professional knowledge and skill.
Does not refer clients to other healthcare professionals or senior professionals even where needed.	Makes appropriate referrals to other healthcare professionals or senior professionals where needed.
Does not seek assistance from fellow professionals or seniors where needed.	Seeks assistance from fellow professionals or seniors where appropriate.
Inefficient retrieval and return of clinical notes.	Timely retrieval and return of clinical notes most times.
Shows distress under pressure or is unable to manage self effectively at times.	Able to manage stressors at work most of the time.
Developing	Competent
State reason(s) for the selection:	
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9. PROFESSIONAL D	EVELOPMENT			
Professional developm	Professional development examines the ability to develop him / herself as a clinician and to be			
involved in continual e	ducation and learning fro	om colleagues.		
Developing	Competent	Exceeding	Not Observed	
Unable to identify personal strengths and weaknesses most of the time. Unable to analyse clinical performance accurately. Unable to problem-solve during therapy sessions most of the time. Reluctant to engage in continual education and learning with/from colleagues.	Identifies personal strengths and weaknesses accurately and seeks to improve self most of the time. Analyses clinical performance accurately and improves performance most of the time. Problem-solves effectively during therapy sessions most of the time. Engages in continual education and learning with/from colleagues most of the time.	Identifies personal strengths and weaknesses accurately and seeks to improve self at all times. Analyses clinical performance accurately and proactively seeks to improve performance at all times. Problem-solves effectively and creatively during therapy sessions all the time. Engages in continual self-education and learning with/from colleagues. Initiates case discussions / journal clubs within the organisation.		
Developing	Competent	Exceeding	Not Observed	
State observations/rea	State observations/reason(s) for the selection:			
Otate Observations/lea	ison(s) for the selection.			

10. PROFESSIONAL RELATIONSHIPS

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

students, assistants, and volunteers).			
Developing	Competent	Exceeding	Not Observed
Does not adhere to professional boundaries most of the time. Unable to build and maintain a good working relationship within the team and with other professionals. Unable to apply negotiation skills to achieve mutually satisfactory outcomes most of the time. Asserts role as SLT inconsistently and/or inappropriately. Unable to build and maintain good working relationships with team members most of the time.	Adheres to professional boundaries at all times. Builds and maintains a good working relationship within the team and with other professionals. Applies negotiation skills to achieve mutually satisfactory outcomes during discussions most of the time. Asserts role as SLT consistently and appropriately most of the time. Builds and maintains good working relationships with team members most of the time.	Adheres to professional boundaries at all times. Builds and maintains a good working relationship within the team and with other professionals. Initiates opportunities to further develop these relationships. Applies negotiation skills to achieve mutually satisfactory outcomes during discussions at all times. Asserts role as SLT consistently and appropriately at all times. Builds and maintains good working relationships with team members at all times.	
Developing	Competent	Exceeding	Not Observed
State observations/rea	son(s) for the selection:		

11. COMMUNICATION SKILLS

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

and other professional/non-professional staff encountered at work.			
Developing	Competent	Exceeding	Not Observed
Has difficulty in clearly communicating assessment findings, therapy goals, therapy approaches and prognosis with clients, carers and other professionals. Has poor rapport with clients, carers and other professionals. Has difficulty using counselling skills when needed. Does not bother to translate where needed and does not source for language interpretation, Is unable to work effectively with an interpreter. Ineffective liaison with clerical staff or administrative staff. Not sufficiently proficient in English for effective communication (written and verbal) with clients, and/or other professionals	Effectively and clearly communicates assessment findings, therapy goals, therapy approaches and prognosis with clients, carers and other professionals most of the time. Achieves good rapport with clients, carers and other professionals in most instances. Uses effective counselling skills some of the time. Sees the need for language interpretation where appropriate and sources for it most of the time. Is able to work effectively with the interpreter most of the time. Effective liaison with clerical staff or administrative staff. Proficient in English for effective communication (written and verbal) with clients, and/or other professionals	Effectively and clearly communicates assessment findings, therapy goals, therapy approaches and prognosis with clients, carers and other professionals at all times. Achieves good rapport with clients, carers and other professionals. Actively builds relationships and deals effectively with people. Uses effective counselling skills at all times. Sees the need for language interpretation where appropriate and sources for it at all times. Is able to work effectively with the interpreter all the time. Effective liaison with clerical staff or administrative staff. Proficient in English for effective communication (written and verbal) with clients, and/or other professionals	
Developing	Competent	Exceeding	Not Observed
State reason(s) for the	selection:		

multiracial population, and the health and social care system.							
Developing	Competent	Exceeding	Not Observed				
Insensitive to linguistic and cultural background of clients and / or unable to make necessary adjustments.	Sensitive to linguistic and cultural background of clients, and adjusts self accordingly most of the time.	ural background of clients, and adjusts self					
Has difficulty working with beople from a range of different cultural backgrounds.	Able to work with people from a range of different cultural backgrounds.	rom a range of different people from a range of					
Does not make sufficient effort to understand local health care, social care and educational systems, and their implications on one's professional practice.	Makes the effort to understand local health care, social care and educational systems, and their implications on one's professional practice. Understands local health care, social care and educational systems, and their implications on one's professional practice. Able to respond effectively to clients' queries on matters relating to these systems.						
Developing	Competent	Exceeding	Not Observed				
State reason(s) for the	e selection:						

13. OVERALL CLINICAL COMPETENCE OVER THIS PERIOD							
Developing		Competent		Exceeding			
Unable to meet requirements for safe and autonomous practice as a Speech Language Therapist at entry level.		Performance meets requirements for safe and autonomous practice as a Speech Language Therapist at entry level.		Performance exceeds requirements for safe and autonomous practice as a Speech Language Therapist at entry level.			
Develo	ping	Com	petent	Exc	eeding		

14. RECOMMENDATION		
To progress to L1 (4 hours/ week)	☐ To extend supervision at current level ■ Extension: month	Others (please specify):
☐ To progress to L2 (4 hours/ fortnight)	Extension: month	
☐ To progress to L3 (4 hours/ 2 month)		
☐ To progress to Full Registration		
Please provide reason(s):	<u> </u>	



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15. FOLLOW-UP ACTIONS TO IMPROVE PERF	ORMANCE					
	<u> </u>					
SIGNATURE OF SECONDARY SUPERVISOR (III	applicable)					
NAME AND DESIGNATION	SIGNATURE	DATE				
SIGNATURE OF PRIMARY SUPERVISOR	T					
NAME AND DESIGNATION	SIGNATURE	DATE				
SIGNATURE OF SUPERVISEE	T	T				
NAME AND DESIGNATION	SIGNATURE	DATE				
40 AOMAIGNE EDOGMENT DY HEAD OF DEDARTMENT OR DELEVANT AUTHORITY						
16. ACKNOWLEDGEMENT BY HEAD OF DEPARTMENT OR RELEVANT AUTHORITY						
NAME AND DESIGNATION	CICNATURE	DATE				
NAME AND DESIGNATION	SIGNATURE	DATE				