

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 Allied Health Professionals who have completed their full supervised practice period
 - OR**
 - ii. Allied Health Professionals 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
16 College Road, #01-01
College of Medicine Building
Singapore 169854

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

<input type="checkbox"/> Progress to Full-Registration	<input type="checkbox"/> Extend supervision at current level	<input type="checkbox"/> Others (please specify):
<input type="checkbox"/> Progress to Restricted-Registration	• Extension: month	
<input type="checkbox"/> Progress to Conditional-Registration		

Please provide reason(s):

NAME AND DESIGNATION OF PRIMARY SUPERVISOR	SIGNATURE	DATE

3. ACKNOWLEDGEMENT BY HEAD OF DEPARTMENT OR RELEVANT AUTHORITY

NAME AND DESIGNATION OF HEAD OF DEPARTMENT	SIGNATURE	DATE

<<END>>