

Wisconsin Department of Safety and Professional Services

6. Please describe the type and frequency (hours, etc.) of supervision provided by you:

7. If internship, please describe the type and frequency (hours, etc.) of supervision provided by University faculty:

8. Was the functioning of the applicant successful?

9. Based upon your overall experience with this applicant, do you personally attest to sufficient competence and professional judgment requisite to independent, unsupervised private practice of school psychology?

10. Do you have any reservations that would aid the Psychology Examining Board in evaluating this applicant's ability to pursue the private practice of school psychology? Please delineate.

11. Do you have any relationship with this applicant outside of the supervisory relationship?

Yes

No

If yes, explain:

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12: Did you provide this applicant with a written evaluation of his or her work?

Yes

No

Wisconsin Department of Safety and Professional Services

(Please print or type)

Supervisor Credentials:

Name of Supervisor:

Degree:

Your title at time applicant was supervised:

Are you licensed as a psychologist under ch. 455, stats.?

Yes No Number of Years

Are you licensed for the private practice of school psychology?

Yes No Number of Years:

Are you licensed as a school psychologist by DPI?

Yes No Number of Years

DPI license number: Date of Licensure: / /

Signature:

Title:

Mailing Address: (city, state, zip)

Phone Number: - -

Date Signed: / /