



**SCHOOL PSYCHOLOGIST SUPERVISED EXPERIENCE VERIFICATION**

Florida requires a minimum of 3 years of experience in school psychology, 2 years of which must be supervised by an individual who is a licensed school psychologist, certified school psychologist or licensed psychologist. One year of experience is equal to 1500 hours within a 12 month period. This form is used to document hours of supervised experience only. The 1 additional year of general experience should be documented on the General Experience Verification Form. However, if the 3 years were all completed under supervision, you may document on this form and the General Experience Form will not be required.

**1. APPLICANT INFORMATION**

Name:
Address:

**2. SUPERVISOR INFORMATION:**

Name:
Mailing Address:
Business Phone:
Employer:

**3. SUPERVISOR'S EDUCATION:**

Degree:	
Major:	
School:	
Graduation Date:	
How many years of experience had you completed as a school psychologist prior to supervising the applicant?	
How many of these years were you supervised?	

**4. SUPERVISOR'S LICENSURE/CERTIFICATION**

Please choose your professional status, at the onset of supervising the applicant, from the selections below. Please select all that apply.

<input type="checkbox"/> Licensed School Psychologist	<input type="checkbox"/> Certified School Psychologist	<input type="checkbox"/> Licensed Psychologist
State & License No.	State & License No.	State & License No.

**5. APPLICANT EXPERIENCE DATA**

Please answer the following questions regarding the applicant's experience while under your supervision. Attach additional pages as necessary for comments, clarification, etc.

a) Entity Name & Address for Supervised Experience Location(s)	b) Dates of Supervised Experience (mm/dd/yy)	c) <u>Weeks of Experience</u>	d) <u>Hours per Week</u>	e) Total Supervised Experience Hours (multiply c x d)	f) Face-to-Face Interactive Supervision Hours per Week
	From: ___/___/___ To: ___/___/___				
	From: ___/___/___ To: ___/___/___				
	From: ___/___/___ To: ___/___/___				
g) Did your supervision focus on raw data from the applicant's clinical work, which was made available to you through such means as written clinical materials, direct observation and video and audio recordings?					<input type="checkbox"/> YES <input type="checkbox"/> NO
h) Was your supervision of the applicant a process clearly distinguishable from personal psychotherapy or didactic instruction?					<input type="checkbox"/> YES <input type="checkbox"/> NO

i) DUTIES AND RESPONSIBILITIES Please list the percentage of the applicant's work hours spent in the following duties:	
Evaluation, measurement, and assessment of intellectual ability, aptitudes, or achievement that directly relates to learning or behavioral problems in an educational setting in order to determine appropriate recommendations.	
Psycho-educational or vocational consultation or direct psycho-educational service to schools, agencies, organizations, or psychological professionals, which is directly related to learning problems.	
Development of programs to facilitate the learning process of clients.	
Please specify other duties, if applicable, and percentage of time spent in those areas below:	

j) COMPLAINTS Have you ever received any complaints about this applicant or have any reason to suspect that the applicant is less than fully ethical, professional or qualified for licensure? If yes, please provide details:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>6. RECOMMENDATION</b> Based upon your supervision and knowledge of the applicant's character, education, training and experience, are you of the opinion that the applicant, if licensed, will practice the profession of school psychology in an ethical and professional manner? If no, please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>7. STATEMENT OF SUPERVISOR AND APPLICANT</b> We hereby certify that the above information is true and correct to the best of our knowledge.	
Supervisor's Signature:	Date:
Applicant's Signature:	Date:

Please return this form to: Florida Department of Health, Office of School Psychology, 4052 Bald Cypress Way, BIN C05, Tallahassee, Florida 32399-3255