

Complete verifications must be mailed directly to:

Office of School Psychology  
4052 Bald Cypress Way, Bin C-05  
Tallahassee, FL 32399-3255



## School Psychology Supervised Experience Verification

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If the total experience required was completed as supervised experience, **only** submit the “**School Psychology Supervised Experience Verification**” form for all 4,500 hours. Submit the “**School Psychology General Experience Verification**” form if you **completed the minimum** supervised experience (3,000) hours **and still need** to document the remaining 1,500 hours of total experience required.

### Experience Definitions & Requirements

- **Total Experience Required** is three years (4,500 hours) of School Psychology experience.
- **One Year of Experience** is equivalent to 1,500 hours within 12 consecutive months.
- **Supervised Experience** is required to be a minimum of two years (3,000 hours) of supervised experience under a certified or licensed school psychologist in any jurisdiction or a licensed psychologist. The supervisor must provide 1 ½ hours weekly face-to-face interactive supervision over the entirety of the 3,000-hour supervisory period.
- **Doctoral Internships** may be applied toward the supervision requirement. Non-doctoral internships that are part of the education requirement, **do not** count toward the supervised or general experience requirement.

### 1. Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### 2. Supervisor Information

A. Provide the following information:

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
MM/DD/YYYY

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

B. How many years of experience had you completed as a school psychologist prior to supervising the applicant?  
\_\_\_\_\_

C. How many of those years were you supervised? \_\_\_\_\_

D. Choose your profession, at the onset of supervising the applicant, from the selection below. Select all that apply.

<input type="checkbox"/> Licensed School Psychologist	State: _____	License #: _____
<input type="checkbox"/> Certified School Psychologist	State: _____	License #: _____
<input type="checkbox"/> Licensed Psychologist	State: _____	License #: _____

**If the applicant completed the 3,000 hours of supervision under more than one supervisor in more than one location, each supervisor must submit and sign a separate verification form attesting only to the supervision they provided.**

**3. Applicant Supervised Experience**

A. Provide the following information regarding the applicant's experience while under your supervision (attach additional sheets if necessary).

Facility Name	Facility Address	Supervised Experience Dates (MM/DD/YYYY)
		to
		to
		to

B. Did the applicant complete three years (4,500 hours) of school psychology experience under your supervision?  
 Yes  No

If "No," complete the following: Total number of years: \_\_\_\_\_ Total number of hours: \_\_\_\_\_

C. Did you provide the minimum required 1.5 contact hours per week of face-to-face interactive supervision during this period?  Yes  No

If "No," complete the following: Total number of hours: \_\_\_\_\_

D. 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?  Yes  No

E. Was your supervision of the applicant a process clearly distinguishable from personal psychotherapy or didactic instruction?  Yes  No

F. List the percentage of the applicant's work hours spent in the following duties:

Duties	% of Work Hours
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 learning process of clients.	
<b>Specify other duties, if applicable, and percentage of time spent in those areas:</b>	

G. 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?  Yes  No

If "Yes," provide details on a separate sheet of paper.

**4. Recommendation**

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?  Yes  No

If "No," explain on a separate sheet of paper.

**5. Applicant/Supervisor Statement**

We hereby certify that the above information is true and correct to the best of our knowledge.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 MM/DD/YYYY

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 MM/DD/YYYY