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

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.

☐ Licensed School Psychologist	State:	License #:
☐ Certified School Psychologist	State:	License #:
☐ 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.

 Name: _____

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.	
Specify other duties, if applicable, and percentage of time spent in those areas:	

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