



Form D – Alternative supervision report (where approved by the Board)

Supervision reports, completed by the supervisor in consultation with the physiotherapist under supervision, are to be submitted to the Board:

- as stipulated by the Board on approval of a supervised practice plan and otherwise as required by the Board
- to propose or justify changes in supervision, including level of supervision
- with applications for renewal of registration by a physiotherapist under registration, and
- on conclusion of supervised practice.

Date of assessment: _____

Name of supervisor: _____ **Signature of supervisor:** _____

Name of physiotherapist under supervision: _____

Signature of physiotherapist under supervision: _____

Physiotherapist under supervision suitable for ongoing registration: Yes No

Level of supervision: Level 1 2 3 4 *(please circle current level of supervision)*

Changes recommended to the previously agreed supervised practice plan, if any, and reasons for changes:

(please attach additional pages if necessary)

Supervision report on progress

Name of Supervisor: _____

Name of Physiotherapist under supervision: _____

Goals of supervised practice plan	Progress in achieving goals

Emerging issues or problems (if applicable)	Measures to address emerging issues or problems

Other comments

