


# Appendices

## Appendix A: Clinical Supervisor Declaration-Change Form

**School Clinician Supervisor Declaration/Change of Supervisor** 

This form must be submitted if a change of supervisor is needed for any reason. The decision to accept direct supervision hours from the previous clinical supervisor is at the discretion of the new clinical supervisor.

Clinician Name  Clinician Certificate Number  Issue Date   
 Clinician Discipline  Clinician Email  Clinician Phone   
 Supervisor Name  Supervisor Certificate Number   
 Supervisor Discipline  Supervisor Email  Supervisor Phone   
 Anticipated Start Date  Anticipated End Date


**Signatures:**  
 Clinician Signature (in ink)  Date   
 Supervisor Signature (in ink)  Date

Submit to: [SSUInfo@gov.mb.ca](mailto:SSUInfo@gov.mb.ca) at least one week prior to start of supervision.

**Save Form**  
**Print**

Page 1 of 1

## Appendix B: Clinical Supervision Checklist

**School Clinician Certificate Clinical Supervision Checklist** 


Registration/Certification and Reports	Date Completed	Clinician Initials
Manitoba School Clinician Provisional Certification Number		
Manitoba School Clinician Certificate Interim Report		
Manitoba School Clinician Certificate Final Report		

Mentorship and Supervision	Date Completed	Clinician Initials
Supervision Framework		
Roles and Responsibilities		
Report Forms and Definitions		
Supervision Contact Form		
Meetings and Schedule		
Tracking Hours		
Student/School Case Competency Assessment		
Caseload/Workload Flow and Forms		
School Assignments		
Scheduling Visits		
Service Delivery Models		
Referral Process		
Assessment: Process, Tools, and Reports		
Consultation: Process and Templates		
Direct Intervention: Process and Therapy Plans		
Documentation		
Professional Development		
Introduction to Learning Activity		

Page 1 of 2  
Page 2 of 2

## Appendix C: Administrative Supervision Checklist for Clinician Orientation

**Administrative Supervision Checklist for Clinician Orientation** 


This is a recommended checklist to guide student services administrators in the school division clinical staff on-boarding process. The following topics are recommended for inclusion in orientation both verbally and in written documentation, to facilitate clear and consistent expectations and communication, and to support new staff integration.

	Date Completed	Clinician Initials
School division HR orientation		
HR: Payroll, health benefits, pension		
IT Set up: Laptop, e-mail address, VPN, phone, iPad		
Processes: Leave requests, expense claims		
Identification: Photo, business cards, keys		
Task of administrative		
Administrative assistants introduction		
Workplace health and safety, office alarm		
Schedule reporting and expectations (e.g., start/end, lunch)		
Absence reporting		
Meeting schedule		
Annual performance review process		
Materials and resource inventory and locations (e.g., assessment)		
Resource/equipment sign-out process		
Digital/online accounts and subscriptions (e.g., Q-Global)		
Divisional policies		
Service delivery model		
MFECCL Inclusion Support Branch Train the Trainer Professional Development		
Online staff/student platform		
Referral process		
School assignments		
Scheduling visits		
Assessment: Process, template, timelines		
Consultation: Process, templates, timelines		
Documentation: Contact notes, progress summary		
Filing: clinical file format, location, document sharing protocol		
Professional development process and expectations		

**Save Form**  
**Print**

Page 1 of 1

## Appendix D: Clinical Supervision Contact Form

**Clinical Supervision Contact Inclusion Support Branch** 

Date  Location   
 Field Clinician  Supervising Clinician   
 Dates and Duration of Visit   
 Type of Contact  Summary of Contact

**Strengths:**

**Opportunities:**

**Plan:**

**Signatures**  
 Clinician Signature (in ink)  Date   
 Supervisor Signature (in ink)  Date

**Save Form**  
**Print**

Page 1 of 1

# Appendices (continued)

## Appendix E: School Clinician Supervision Report

**School Clinician Supervision Report**

Manitoba Education and Early Childhood Learning Professional Certification Unit

**School Clinician Information**

Legal Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Date of Birth (Day/Month/Year) \_\_\_\_\_ Certificate Number \_\_\_\_\_  
 Employer \_\_\_\_\_

**Discipline Supervisor Information**

Legal Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Supervisor Telephone Number \_\_\_\_\_ Certificate Number \_\_\_\_\_  
 Report Period from: \_\_\_\_\_ Report Period to: \_\_\_\_\_

Note: This report must cover from the issue date of a valid school clinician certificate to the same day of the next year (e.g. April 28, 2021 to April 28, 2022). Reports that do not cover a full year of supervision will not be accepted.  
 Hours of direct supervision (minimum of 25 hours over two years): \_\_\_\_\_  
 Report type:  First Year Supervision  Second Year Supervision

ACTIVITY	SUB-SKILL	PERFORMANCE			
		Meets Performance Expectations	Not Meeting Performance Expectations	In Progress/Developing	Not Observed
1. Assessment	Appropriateness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Supplementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Integration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Treatment / Therapy	Appropriateness of treatment / therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Supplementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Evaluate effectiveness of intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Consultation / Programming	Appropriateness of consultation / programming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Supplementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Follow-up of programming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 1 of 3  
Page 2 of 3  
Page 3 of 3

ph: 1-800-463-2378 or 1-204-773-2996

## Appendix F: School Clinician Supervision Report Activity Definitions

**School Clinician Supervision Report Activity Definitions**

**Assessment**

- Clinician independently selects an assessment battery with consideration for relevant factors.
- Clinician efficiently and accurately administers the battery and consistently scores tests accurately.
- Clinician consistently, independently, and accurately interprets and integrates assessment results and behavioural observations to define the student's functioning.
- Clinician seeks supervisory guidance when needed.

**Caseload Management and Organization**

- Clinician independently and consistently prioritizes activities, schedules student/family contact and meetings, maintains student records accurately and makes and documents professional contacts in a timely manner.
- Clinician independently and consistently complies with regulatory and divisional file management requirements in a timely and accurate manner.

**Communicating and Relating to Students, Parents, Educators, and Outside Agencies**

- Clinician independently presents information accurately, clearly, logically and concisely. Oral communications, written reports and letters are appropriate for the needs of the audience.
- Clinician uses terminology and phrasing consistent with the semantic competency of the audience and includes accurate and complete information (listen carefully to others, take initiative in providing appropriate clarifications when needed and demonstrates appropriate nonverbal communication style).
- Clinician seeks supervisory guidance if needed.

**Consultation/Programming**

- Clinician collaborates/consults with school personnel to select, develop and implement interventions that support appropriate educational programming. Consultation/programming considers unique characteristics and needs of the student, family, classroom, school, and community.
- Clinician periodically monitors and evaluates progress.
- Clinician seeks supervisory guidance if needed.

**In-services/Presentations**

- Clinician appropriately and effectively presents clear and meaningful educational information relevant to the needs of the audience.

Manitoba Education and Early Childhood Learning Professional Certification Unit

1 | School Clinician Supervision Report Activity Definitions  
School Clinician Supervision Report Activity Definitions | 2

## Appendix G: Employer Recommendation for Extension of Provisional or Permanent School Clinician Certification Form

**Employer Recommendation for Extension of Provisional or Permanent School Clinician Certification**

Manitoba Education and Early Childhood Learning Professional Certification Unit

To be completed by an authorized official of the employing authority providing recommendation:

School Clinician for Recommendation: Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Cert. No. \_\_\_\_\_ School Division/School District \_\_\_\_\_

I recommend that an extension of a Provisional School Clinician Certificate be granted.  
 I recommend that a Permanent School Clinician Certificate be granted.

Supervising Clinician \_\_\_\_\_ Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by authorized personnel of the employing authority to verify full days worked for each individual year of employment:

Please Note: This submitted experience is for certification purposes only.

MMMM D, YYYY to MMMM D, YYYY	Total Full Days:	PCU Office Use
For example: July 1, 2017 to March 15, 2018	55 days	
to		
to		
to		

Authorized Personnel \_\_\_\_\_ Name (Please Print) \_\_\_\_\_  
 Position \_\_\_\_\_ Please Print \_\_\_\_\_ Email Address \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to:  
 Professional Certification Unit Telephone: 1-204-773-2998  
 P.O. Box 700, 402 Main Street N. in Manitoba: 1-800-667-2378  
 Russell, Manitoba, Canada R0J 1W0 Fax: 1-204-773-2411

This personal information is being collected under the authority of Manitoba Regulation 115/2015 made under The Education Administration Act, and will be used for employer verification of certification and notification. Personal information is protected under the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact Professional Certification Unit, Box 700, Russell MB R0J 1W0 ph: 1-800-463-2378 or 1-204-773-2996.

Save Form  
Print