

Candidate's Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO**

Oral Examination – Continued Examination

Examining Team's SUMMARY Rating Based on Candidate's Performance

*In all cases, please elaborate upon your ratings with written reasons on the back of this form.*

Dimensions of candidate's professional performance	Areas of Practice/Client Groups	Much below level expected for autonomous practice 1	Somewhat below level expected for autonomous practice 2	Meets/exceeds level expected for autonomous practice 3
A. Demonstrated competence in assessment, evaluation and diagnosis				
B. Demonstrated competence in intervention and consultation				
C. Demonstrated knowledge and skills in interpersonal relationships				
D. Demonstrated knowledge and skills in applying ethics, jurisprudence and standards				
E. Demonstrated awareness of limits of competence				

F. We recommend a PASS in all practice area(s) and client group(s) as declared. Place detailed reasons in following sections.

OR

G. We recommend a PASS in some but not all practice area(s) and/or client group(s). Place detailed reasons in following sections.

AND/OR

H. We recommend a PASS but with a term and/or a condition. Place detailed reason in following sections.

OR

I. We recommend a FAIL. Place detailed reasons in following sections.

**Examining Team:**

Chair : \_\_\_\_\_  
Print Name Signature

Member: \_\_\_\_\_  
Print Name Signature

Member: \_\_\_\_\_  
Print Name Signature

Member: \_\_\_\_\_  
Print Name Signature



C) Issues of knowledge and skills in interpersonal relationships:

D) Issues of demonstrated knowledge and skills in applying ethics, jurisprudence and standards:

E) Issues of awareness of limits of competence:



