

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO**  
**Oral 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 or 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 groups as declared].

OR

G. We recommend that this examination be continued (place detailed reasons on the back of this sheet). Refer candidate to the Director of Registration.

**Examining Team:**

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

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

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

F. Recommend **PASS**

**Reasons:**

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:




