



SUPERVISOR'S REPORT

SECTION A: SUPERVISOR'S DETAILS (All fields are mandatory)					
Name of Supervisor: _____ Registration No: _____					
Registration Type: <input type="checkbox"/> Optometrist <input type="checkbox"/> Optician (R+D) <input type="checkbox"/> Optician (D only) Date of Registration: _____ <small>(Please tick where appropriate)</small>					
Place of Practice: _____					
Address of Practice: _____					
SECTION B: SUPERVISEE'S DETAILS (All fields are mandatory)					
Name of Supervisee: _____ Registration No: _____					
Registration Type: <input type="checkbox"/> Optometrist <input type="checkbox"/> Optician (R+D) <input type="checkbox"/> Optician (D only) <small>(Please tick ✓ where appropriate)</small>					
Registration Category: <input type="checkbox"/> Provisional <input type="checkbox"/> Conditional <input type="checkbox"/> Temporary <small>(Please tick ✓ where appropriate)</small>					
Place of Practice: _____					
Address of Practice: _____					
SECTION C: SUPERVISOR'S ASSESSMENT OF SUPERVISEE <small>(Please tick ✓ where appropriate)</small>					
	Assessment Criteria				
	Review (Date from: _____ to _____)	Not Meeting*	Meeting	Exceeding	
1.	Demonstrates a basic level of ethical behaviour. Show respect for patients' privacy and confidentiality and gain informed consent in most instances. Able to withstand pressure most of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Able to review case notes, conduct subjective examination, and interpret investigative results for basic and routine cases. Able to identify crucial information relevant to the case.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Able to select and conduct relevant assessment technique for routine and basic cases. Assessment generally reliable (only occasional slides in accuracy and let pass non-critical physical signs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Communicates effectively and maintains good rapport with patients and other healthcare givers in most instances. Some signs of cultural barriers in communication but not obstructive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Overall clinical performance is acceptable and meets the requirements as an independent and safe optometrist/optician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<small>Examples of not meeting assessment includes showing signs of stress under pressure or unable to manage patients effectively at times, unable to review case notes or interpret investigative results and missing many crucial information, assessment done lacks reliability and accuracy and cannot be depended on for diagnosis, and difficulty in communicating with patients and other healthcare givers.</small>					
6.	*Reason(s) for candidate not meeting the assessment criteria (where applicable):				

SECTION D: RECOMMENDATIONS BY SUPERVISOR		(Please tick ✓ where appropriate)
1. The candidate has completed the stipulated requirements by the Optometrists and Opticians Board.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The candidate is able to adhere to the Code of Professional Conduct and Professional Practice Guidelines in the discharge of his/her professional duties & responsibilities without any supervision.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Any other area(s) of improvement for the candidate to take note (<i>where applicable</i>):		
Signature of <u>Supervisor</u>: _____ Date: _____	Signature by <u>Supervisee</u>: _____ Date: _____	