

WV BOARD OF EXAMINERS OF PSYCHOLOGISTS

DEMONSTRABLE COMPETENCY FORM – SCHOOL PSYCHOLOGIST

Name of Candidate: _____ **Degree:** _____ **Date:** _____
(Please Print)

Instructions:

1. Candidates for licensure (Supervised School Psychologists) shall complete this form in pencil and have it reviewed and cosigned by the supervisor(s).
2. The candidate and supervisor shall produce a final copy of the Demonstrable Competency Form (DCF) upon which they both are in agreement.
3. The primary purpose of this form is for candidates to communicate to the Board the areas of practice in which they are competent, and those areas of school psychology in which they will, and will not, practice.
4. If candidates indicate they are competent in specific areas of school psychology, they are expected to provide evidence of that competency. This may be done on this application and at the oral examination via work products, oral examination responses, or documentation of educational and training background.
5. It is especially important that the work product samples are consistent with competency declarations. For example, if assessment is the **only** area of practice being declared as a competency, then all three work products should be test reports.

Supervision:

The candidate’s supervisors of record have been:

Supervisor	From	To

Procedure: To indicate that the candidate is competent to practice school psychology in any of the following specific competency domains, the candidate and supervisor will place their initials in the appropriate boxes. When the candidate and supervisor place their initials on this form they are asserting that the candidate is competent to **independently** practice in these specific areas of school psychology. **The supervisors are certifying that they have supervised the candidate in these specific areas when they initial competency areas.**

Competency means that the candidate possesses the ability and skills to independently, proficiently, and competently practice in the specific area of school psychology without supervision.

Knowledge Area Ratings
Areas of Specific Education, Training, AND Supervised Experience.

Knowledge Category	Please initial if the Candidate is Competent To:	
	Practice	Supervise
1. Behavior Assessment: Various techniques including interviewing, observational, and data collecting.		
2. Theories and Principles. Relevant to identifying a student's need and problem: Principles of human growth and development, theories of personality and socio-emotional factors, theories of intelligence and ability factors, and psychopathology.		
3. Factors Affecting Behavior: Cultural and individual differences, motivation, organizational structures and processes, cultural interventions.		
4. Psychosomatic: Symptoms of common physical diseases and psychosomatic reactions and syndromes.		
5. Effects of Major Psychotropic Medications: On behavior, affect, and cognition.		
6. Test and Measurement Techniques and Instruments: Assessing/measuring relevant characteristics using appropriate tests and instruments of achievement, personality, neuropsychological issues, social maturity, development and adaptive behavior, self-concept, attitude, mental ability, intellectual functioning, and low incident populations.		
7. Test and Measurement Concepts: Standardized test procedures, methods of test construction, standardization and norming, test performance.		
8. Treatment Planning: Ability to formulate and implement treatment plans for individual students and their families (e.g. IEP/Behavioral Plans).		
9. Ethics: Knowledge of, and acting within, the APA Ethics Code and Principles, NASP Ethics Code, and the WV Rules and Regulations of Licensed Psychologists.		
10. Social System Skills: Consultation.		
11. Report Writing: Ability to communicate progress, treatment, and assessment results and recommendations via written reports.		
12. Research and Review of Current Literature: Keeping up to date as a trained and knowledgeable consumer of relevant literature and research results.		
13. Other: Please list only areas with specific education, training, and supervised experience.		

The Candidate is competent to practice in these practice domains:

<p>Skill Areas</p>	<p>List: 1. Grade, or Age Range, (e.g. K-2 grade or 3-5 years); 2. Frequently Used Tests and Measures or Therapy Models; and 3. Specific relevant graduate coursework.</p>
<p>Developmental Assessment</p>	
<p>Intellectual Assessment</p>	
<p>Academic Assessment</p>	
<p>Personality Assessment</p>	
<p>Individual Counseling in School Setting</p>	
<p>Family Counseling in School Setting</p>	
<p>Group counseling in School Setting</p>	
<p>Behavioral Interventions</p>	
<p>In-School Crisis Intervention</p>	
<p>Other: _____</p>	

Area of Exceptionality											
The candidate is competent to practice in these domains:											
Grade or Age Range →	Autism	Behavior D/O	Blind/Partially Sighted	Deaf/Hard of Hearing	Gifted	Learning Disability	Mentally Impaired	Orthopedically Impaired	Other Health Impaired	Speech/ Language Impairment	Traumatic Brain Injury

Briefly state your experience in the following areas:	
Community Relations	
Research	
Program Development	
Program Evaluation	
Supervision	
Administration	

SUPERVISION OF LICENSURE CANDIDATES

Supervision in itself is an area of competence requiring training and substantial professional experience beyond initial licensure. New Level I licensees will not be permitted to supervise candidates for licensure. Two (2) years of practice experience post licensure will be required prior to consideration for eligibility to supervise.

1. If you are granted a license to practice school psychology in the state of West Virginia, do you consider yourself competent to supervise candidates for licensure?

_____ Yes _____ No

2. If you answered "yes" to the question above, please describe the coursework, training and/or supervised experience in supervision you have had, as well as any other professional experience that has prepared you for the role and responsibilities of supervision.

COMMITMENT TO DECLARATION OF COMPETENCY

Supervisor:

"I have reviewed this form and attest that _____ is competent to practice in the specific area(s) of school psychology indicated above.

Printed name of Supervisor: _____

Supervisor's Signature

Date

Candidate:

I have completed this form in consultation with my supervisor and promise that I shall only practice in the specific areas of school psychology in which I have declared competency. I realize that if I practice in other areas of school psychology without Board approval, my licensure status will be placed in jeopardy. If I decide to expand my practice to other areas of school psychology I shall notify the Board in writing of these intentions and shall meet with the Board prior to initiating the changes, if requested, to demonstrate my competency and will provide documentation of training completed toward acquisition of that competency.

Printed name of candidate: _____

Candidate's Signature

Date