

	Peer Review Psychologist
Privileged Member Name:	
Date of Review:	
Reviewer:	
Reviewer's Title:	
Reviewer's degree/licensure:	
Commission requires a peer reference ractitioner has given your name as sign and date, and return to the Helease statement signed by the appropriate to adequately review the student/client charts is required.	e-applied for clinical responsibilities with H.E.C. Joint ce from a practitioner in the same discipline and this a reference. Please respond to the following questions, uman Resource Department no later than //. A dicant is enclosed. Please be assured that we will protect the provide to the full extent of the law. performance of your peer, a detailed review of This review must include a representative sample of the vices during the last two years. Please indicate below the which the services were performed.
Student S.S. # xxx-xx	Dates of Evaluation:/ to/
Student S.S. # xxx-xx	Dates of Evaluation:/ to/
Student S.S. # xxx-xx	Dates of Evaluation:/ to/
Student S.S. # xxx-xx	Dates of Evaluation:/ to/to
Student S.S. # xxx-xx	Dates of Evaluation:/ to/

Based upon your review of the files listed above, please rate your peer's performance in the following areas:

- Psychological assessments (including perceptual-motor, cognitive, emotional, social, and mental status evaluations) are performed within HEC guidelines:
- Reports are completed in a thorough and professional manner and include recommended intervention plans and case
- Meets Standard
- o Fails to Meet Standard
- Meets Standard
- o Fails to Meet Standard

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- Neuropsychological testing and diagnosis o Meets Standard are performed within HEC guidelines:
- Psychological consultations to program o Meets Standard staff are consistent with ongoing treatment protocols and guidelines:
- Staff in-service trainings are well 5. Staff in-service trainings are well organized, evidence-based, and relevant to Meets Standard Fails to Meet Standard current treatment protocols:
- Fails to Meet Standard
- Fails to Meet Standard
 - Meets Standard

Core Competencies:
Student/Client Care: Are you aware of any problems with the practitioners practice, skills, and competence within the past two years? Yes No If yes, please specify.
Professional Knowledge: In your opinion, is the practitioner employing accepted research-based diagnostic methods in the assessment of the student/client? Yes No If no, please give a specific example
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Practice-Based Learning and Improvement:

Are you aware of the practitioner's use of evidence-based information in the assessment of students/clients? Yes ___ No ____If no, please give a specific example.____ Interpersonal and Communication Skills: Are you aware of any interpersonal and/or communication problems with students/clients, colleagues, administration, nursing, and/or other ancillary staff? Yes___ No___ If yes, please explain with specifics. **Fitness for Practice:** Are you aware of any reasons that would prevent this individual from providing services to our students/clients? Yes___ No___ If yes, please explain with specifics. _____ In addition to the file reviews indicated above, please indicate below other means in which would have the opportunity to evaluate your peers' performance: (check all that apply) _ Experience with and/or observation of the privileged staff

Hillcrest Educational Centers Policies and Procedures 2012 Chapter 16B Human Resources

Review of associated records and/or documents				
Other				
Reviewer Signature:				
Date of Review:				
Thank you for taking	the time to complete this neer review form	Your feedback is a		

Thank you for taking the time to complete this peer review form. Your feedback is a critical component in ensuring that we provide the best care to our students.

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