Endorsement Tool for the Positive Behaviour Support Capability Framework

| **Practitioner details** |
| --- |
| **Name** |  |
| **Existing NDIS Commission Practitioner Identification Number** |  |
| **Phone** |  |
| **Email** |  |

| **Practitioner Self-Assessed Level (please click on box or cross X)** |
| --- |
| [ ]  Core | [ ]  Proficient | [ ]  Advanced | [ ]  Specialist |

| **Supervisor details** |
| --- |
| **Name** |  |
| **Phone** |  |
| **Email** |  |
| **Organisation and work address** |  |
| **What is your relationship to the practitioner?** |  |
| **How long have you worked with the practitioner?** |  |
| **What is your technical experience and skills in behaviour support?** |  |

| **Supervisor Assessed Level (please tick ✓)** |
| --- |

| [ ]  Core | [ ]  Proficient | [ ]  Advanced | [ ]  Specialist |
| --- | --- | --- | --- |

|  |
| --- |
| Provide comments if the supervisor assessment was different to the behaviour support practitioner’s self-assessed level, and how this was resolved. |
|  |

Based on your knowledge of the behaviour support practitioner and the Portfolio of Evidence presented, please check (X) the appropriate box that represents your understanding of the practitioner’s capabilities against their self-assessed level i.e. core, proficient, advanced or specialist practitioner level.

**Please select practitioner levels reviewed:**

☐ I reviewed the Core Practitioner Self-Assessment Tool and Portfolio of Evidence

|  |  |  |  |
| --- | --- | --- | --- |
| **Core Practitioner Capability Domains** | Capability met | Developing capability | Capability not met |
| 1. Interim Response
 | [ ]  | [ ]  | [ ]  |
| 1. Functional Assessment
 | [ ]  | [ ]  | [ ]  |
| 1. Planning
 | [ ]  | [ ]  | [ ]  |
| 1. Implementation
 | [ ]  | [ ]  | [ ]  |
| 1. Know it works
 | [ ]  | [ ]  | [ ]  |
| 1. Reducing and eliminating restrictive practice
 | [ ]  | [ ]  | [ ]  |
| 1. Continuing Professional Development and Supervision
 | [ ]  | [ ]  | [ ]  |

☐ I reviewed the Proficient Practitioner Self-Assessment Tool and Portfolio of Evidence

|  |  |  |  |
| --- | --- | --- | --- |
| **Proficient Practitioner Capability Domains** | Capability met | Developing capability | Capability not met |
| 1. Interim Response
 | ☐  | ☐  | ☐  |
| 1. Functional Assessment
 | ☐  | ☐  | ☐  |
| 1. Planning
 | ☐  | ☐  | ☐  |
| 1. Implementation
 | ☐  | ☐  | ☐  |
| 1. Know it works
 | [ ]   | [ ]   | [ ]   |
| 1. Reducing and eliminating restrictive practice
 | [ ]   | [ ]   | [ ]   |
| 1. Continuing Professional Development and Supervision
 | [ ]   | [ ]   | [ ]   |

☐ I reviewed the Advanced Practitioner Self-Assessment Tool and Portfolio of Evidence

| **Advanced Practitioner Capabilities** | [ ]  Capability met | [ ]  Developing capability | [ ]  Capability not met |
| --- | --- | --- | --- |

☐ I reviewed the Specialist Practitioner Self-Assessment Tool and Portfolio of Evidence

| **Specialist Practitioner Capabilities** | ☐ Capability met | ☐ Developing capability | ☐ Capability not met |
| --- | --- | --- | --- |

☐ **Endorsement**: I confirm that I have endorsed the practitioner’s self-assessment as their supervisor.

[ ]  **Consent**: I consent to being contacted by the NDIS Quality and Safeguards Commission to discuss my supervision under the agreement, the self-assessment, the endorsement or any other matter relevant to the practitioner’s application for suitability.

**Supervisor signature: Date:**

**Practitioner signature: Date:**