



PEER ASSISTED REVIEW: PRE-REVIEW QUESTIONNAIRE

To enable the Quality Assurance Coordinator to appropriately plan the review of your practice, please provide the following information, describing your work and practice setting(s).

NOTE: If you practice in more than one setting, please copy this form and complete one for each setting.

Name: _____

Address: _____

Telephone: _____ Email: _____

1. Type of setting, e.g., private practice, hospital, school, agency, facility, etc.

2. Number of years practicing in this particular type of setting? _____

3. Location of setting urban rural

4. How many hours per week do you usually work in this setting?

less than 5 5-10 10+

5. Number of active clients _____

6. How many hours per week do you usually spend providing supervision?

_ not applicable _ less than 5 5-10 10+

7. What percentage of time is spent supervising the following groups?

CPO supervised practice members non-regulated supervisees regulated by another College

other please describe: _____

8. How many hours per week do you usually work with the following populations?

Children:	not applicable	less than 5	5-10	10+
Adults:	not applicable	less than 5	5-10	10+
Adolescents:	not applicable	less than 5	5-10	10+
Couples:	not applicable	less than 5	5-10	10+
Families:	not applicable	less than 5	5-10	10+
Organizations:	not applicable	less than 5	5-10	10+

Seniors: not applicable less than 5 5-10 10+

9. How many hours per week approximately do you usually spend in each of the following areas of authorized practice?

Clinical Neuropsychology:	not applicable	less than 5	5-10	10+
Forensic/Correctional	not applicable	less than 5	5-10	10+
Psychology: Clinical Psychology:	not applicable	less than 5	5-10	10+
School Psychology:	not applicable	less than 5	5-10	10+
Academic Psychology:	not applicable	less than 5	5-10	10+
Counselling Psychology:	not applicable	less than 5	5-10	10+
Industrial/Organizational	not applicable	less than 5	5-10	10+
Psychology: Health Psychology:	not applicable	less than 5	5-10	10+
Rehabilitation Psychology:	not applicable	less than 5	5-10	10+

10. How many hours per week do you usually spend in the following activities?

Therapy or	not applicable	less than 5	5-10	10+
Counselling:	not applicable	less than 5	5-10	10+
Assessment:	not applicable	less than 5	5-10	10+
Research:	not applicable	less than 5	5-10	10+
Administration:	not applicable	less than 5	5-10	10+
Teaching:	not applicable	less than 5	5-10	10+
Other:				

11. Which of the following theoretical orientations significantly inform your own practice?

---- Psychoanalytic/Psychodynamic	Behavioral	Existential/Humanistic
Emotion Focussed	Family Systems	Feminist
Mindfulness	Positive Psychology	Solution Focussed
Cognitive/Cognitive Behavioral/Dialectical Behavioral		

Other (Please Indicate):

12. How many hours per week do you usually spend addressing the following issues?

Intellectual Disabilities:	not applicable	less than 5	5-10	10+
Communication Disorders:	not applicable	less than 5	5-10	10+
Autism Spectrum Disorders:	not applicable	less than 5	5-10	10+
Attention-Deficit/Hyperactivity Disorders:	not applicable	less than 5	5-10	10+
Learning Disorders:	not applicable	less than 5	5-10	10+
Motor/Tic Disorders:	not applicable	less than 5	5-10	10+

Peer Assisted Review: Pre-Review Information Questionnaire

Schizophrenia Spectrum and other psychotic disorders:

not applicable	less than 5	5-10	10+
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Bipolar and Related Disorders:

not applicable	less than 5	5-10	10+
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Depressive Disorders:

not applicable	less than 5	5-10	10+
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Obsessive-Compulsive and Related Disorders:

not applicable	less than 5	5-10	10+
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Trauma and Stressor Related Disorders (including Attachment Disorders, Adjustment Disorder):

not applicable	less than 5	5-10	10+
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Dissociative Disorders:

not applicable	less than 5	5-10	10+
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Somatic Symptoms and Related Disorders:

not applicable	less than 5	5-10	10+
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Feeding and Eating Disorders:

not applicable	less than 5	5-10	10+
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Elimination Disorders:

not applicable	less than 5	5-10	10+
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Sleep-wake Disorders:

not applicable	less than 5	5-10	10+
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Sexual Dysphoria:

not applicable	less than 5	5-10	10+
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Disruptive, Impulse-Control and Conduct Disorders:

not applicable	less than 5	5-10	10+
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Substance-Related and Addictive Disorders:

not applicable	less than 5	5-10	10+
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Anxiety Disorders:

not applicable	less than 5	5-10	10+
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Other (Please indicate):

13. Would you be willing to conduct a Review via technology, if necessary?

* Note: Generally, reviews are conducted on-site at the member's place of business. In some cases, it may be necessary for the parties to meet by videoconference and share files using secure electronic technology.

Yes

No

The College will be selecting one of the individuals who will be conducting the review. Please provide any information that you would like to have considered in the selection of the College Assessor.

Please indicate the name and address of another member of the College who has agreed to participate as a reviewer in the review of your practice, after having reviewed the "*Eligibility Requirements for a Member Nominated Reviewer*" (https://cpo.on.ca/cpo_resources/par-reviewer-undertaking/)

Name: _____

Address: _____

Telephone: _____ Email: _____

Signature _____ Date: _____

To facilitate the review planning it would be appreciated if this questionnaire could be returned to Ms. Madeleine Lee at the College, as soon as possible by e-mail (qualityassurance@cpo.on.ca), mail or fax (416-961-2635).