



# SSOT

Saskatchewan Society of  
Occupational Therapists

## Re-Entry Supervisor Monthly Report

Re-entry candidate: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Re-entry supervisor: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Monthly report for the period (Month/Day/Year) of \_\_\_\_\_ to \_\_\_\_\_

1. Indicate the type of activities and contacts that have been made with the re-entry candidate since the last report:  
 Telephone/e-mail  
 Direct/virtual personal contact  
 Review of documentation
2. Were there any practice concerns that have arisen during this reporting period?  Yes  No  
If yes, please describe and explain the steps that have been taken to resolve these concerns (use additional pages if necessary):
3. Have these concerns been resolved?  Yes  No. If no, please comment:
4. Number of supervised practice hours completed during this period: \_\_\_\_\_

Re-entry supervisor:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Re-entry candidate: I acknowledge that I have read and agree with the information in this report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Additional Comments (if any):