

SUPERVISOR EVALUATION

Applicant's Name _____

Supervisor _____ Title _____

Mailing Address _____
(Street or Post Office Box)

(City) (State) (Zip)

Email Address: _____

Supervisor's Degrees/Certifications/Licensees: _____

Work Telephone () _____ Fax Number () _____

Program/Agency where you supervised applicant: _____

What was the job title of applicant during the time of your supervision: _____

Acceptable activities that can be credited toward the required alcohol and drug counseling hours are only those activities which are directly related to the eight (8) domains.

Dates of supervision: From _____ To _____

How many HOURS of alcohol and drug counseling did the applicant deliver under your clinical supervision: _____

How many cases (average per week) does this present: _____

What non-alcohol and drug related counseling services did the applicant deliver under your supervision: _____

How many cases (average per week) does this present: _____

How many hours of **direct** clinical supervision did/do you provide to the applicant each week (average) _____

What activities did/does your clinical supervision include:

- sign off on charts
- discuss individual cases briefly
- discuss individual cases in depth
- member of treatment team
- other (describe) _____

- A. The following items are representative of the skills needed by an alcohol and drug abuse counselor. Please evaluate the applicant only as you have direct knowledge of their demonstrated ability in each area. Mark the rating most nearly descriptive of the counselor's demonstrated skills.

NOT ACCEPTABLE	AVERAGE	ABOVE AVERAGE	
			1. SCREENING Demonstrated ability to determine treatment appropriateness and client eligibility for a particular program. Ability to use appropriate diagnostic criteria in determining eligibility and ability to suggest alternative services if necessary.
			2. INTAKE Demonstrated ability to perform the administrative and initial assessment procedures for admission to a program. Understands clearly the purpose of the process.
			3. ORIENTATION Demonstrated ability to describe to client and significant others program philosophy, program, goals, procedures and rules governing client rights, and treatment costs.
			4. ASSESSMENT Demonstrated ability to identify and evaluate an individual's strengths, weakness, problems and needs for the development of the treatment plan.
			5. TREATMENT PLANNING Demonstrated ability to work with client to identify and rank problems needing resolution, establish agreed upon goals, and to determine appropriate process and resources to be utilized.
			6. COUNSELING Demonstrated ability to utilize special skills to assist individuals, families or groups in achieving objectives through; exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making.
			7. CASE MANAGEMENT Demonstrated ability to utilize activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established client goals. Ability to coordinate multiple service plans.
			8. CRISIS INTERVENTION Demonstrated ability to identify a crisis when it surfaces, attempt to mitigate or resolve the immediate problem while using the negative events to enhance the treatment efforts.

NOT ACCEPTABLE	AVERAGE	ABOVE AVERAGE	
			9. CLIENT INTERVENTION Demonstrated ability to provide information to individuals and groups concerning available alcohol and drug abuse services and resources.
			10. REFERRAL Demonstrated ability to identify the needs of the client that cannot be met by the counselor and/or agency and assisting client in utilizing available support systems and community resources. Ability to utilize other resources while maintaining appropriate client confidentiality.
			11. REPORT AND RECORDKEEPING Demonstrated ability to perform the function of documentation to assist the client's progress toward achievement of established goals; facilitate communication between co-workers and other service providers; assist supervisor in evaluating therapeutic skills and effectiveness.
			12. CONSULTATION WITH OTHER PROFESSIONALS Demonstrated ability to relate with other professionals (both alcohol and drug counselors and non-alcohol and drug professionals) to assure quality care for the client.
			13. COMMUNICATION WITH UNDER-SERVED POPULATIONS Demonstrated ability to recognize and to respond effectively to behavior, attitudes, and values unique to different ethnic, racial, religious groups, homosexual adolescents, women, elderly, and other identified underserved client groups.
			14. SKILLS ENGAGING FAMILY MEMBERS/SIGNIFICANT OTHERS Demonstrated ability to involve family members and other significant persons present in client's life into the treatment process. Ability to communicate effectively information about family systems and recovery.

B. Please evaluate the applicant as you observe him/her in the following areas of interpersonal relationship with clients:

NOT ACCEPTABLE	AVERAGE	ABOVE AVERAGE	SUPERIOR	
				1. Respect for client
				2. Care and concern for client
				3. Genuineness with client
				4. Empathy with client
				5. Flexibility with client
				6. Judgment with client
				7. Spontaneity with client
				8. Capacity for appropriate confrontation with client
				9. Capacity for appropriate self-disclosure
				10. Sense of immediacy
				11. Concreteness

C. Listed below are ten (10) basic grounds on which licensure may be refused or revoked. Please read carefully. To your knowledge, has the applicant been involved in any of the following:

- (1) Making false statements or representation, being guilty of fraud or deceit in obtaining licensure or licensure renewal, or being guilty of fraud or deceit in the practice of alcohol or drug abuse counseling. Yes No

Comment: _____

- (2) The inability to perform or the consistent unsatisfactory performance of the expected functions of a licensed alcohol and drug abuse counselor. Yes No

Comment: _____

- (3) Knowingly assisting another in the procurement of licensure or licensure renewal through false statements or misrepresentation. Yes No

Comment: _____

- (4) Misrepresentation of professional qualifications, certifications, accreditation, affiliation or employment experiences. Yes No

Comment: _____

(5) Violations of the provisions of applicable rules or any lawful order of the Board. Yes No

Comment: _____

(6) Engaging in malpractice, negligence, incompetence or conduct not authorized in the course and scope of practice. Yes No

Comment: _____

(7) Violations of standards of patient-confidentiality, as prescribed by the laws of the State of Tennessee, the United States, or the Tennessee Department of Health. Yes No

Comment: _____

(8) Conviction of a felony or conviction of any crime involving moral turpitude. Yes No

Comment: _____

(9) Any other breach of professional ethics. Yes No

Comment: _____

I do recommend the applicant for licensure as an alcohol and drug abuse counselor.

I do not

I hereby certify that all of the information given herein is true and complete to the best of my knowledge and belief.

Signature

Date

AFFIDAVIT OF SUPERVISOR QUALIFICATIONS

1. I, _____, have provided supervision of the activities of _____ pertaining to alcohol and drug abuse counseling.
2. I understand and that, according to paragraph 1200-30-01-.10 of the rules governing Licensed Alcohol and Drug Abuse Counselors, the required qualifications for the applicant's **supervisor** are:
 - (a) Has been a licensed/certified alcohol and drug abuse counselor for at least five (5) years;
and
 - (b) Has at least two (2) year's experience supervising alcohol and drug abuse counselors; or
 - (c) Has received at least thirty-six (36) contact (clock) hours of supervision (by an approved supervisor) of his supervisory work by at least one (1) person doing alcohol and drug abuse counseling.
3. I understand that supervision provided the applicant's parents, spouse (or former spouse), aunts, uncles, grandparents, grandchildren, stepchildren, employees, former counselor, or anyone sharing the same household, shall not be acceptable toward fulfillment of licensure requirements. For the purposes of this rule, a supervisor shall not be considered an employee of the applicant, if the only compensation received by the supervisor consists of payment of actual supervisor hours.
4. I understand that qualifying supervision of my work received prior to the implementation date of the rules will be acceptable as qualified supervision.
5. I certify that I meet **all** the requirements as listed above and am licensed in good standing.
6. My license number is _____ and the date my initial licensure was _____

Signature of Supervisor

This form must be returned to:

Board of Alcohol and Drug Abuse Counselors
665 Mainstream Drive
Nashville, TN 37243