



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero St., 2 SC 32, Frankfort, Kentucky 40601
Phone (502) 782-8814 ~ <http://adc.ky.gov>

SUPERVISION EVALUATION

(Completed by each Supervisor)

This form must be entirely completed by each supervisor of qualifying experience. Please pay special attention to the number of hours of direct clinical supervision and percentage of applicant's time allotted to chemical dependency clients.

Applicant's Name: _____

Applicant's Address: _____

Clinical Supervisor: _____ Credential Number: _____

Current Address: _____

Date of Issue of Certification: _____ Supervisor's Day Phone Number: ____/____/____

Program or agency where you supervised the applicant: _____

I have supervised the applicant's work from _____ to _____, which includes approximately _____
(Date) (Date)

hours of face to face clinical supervision per month for a total of _____ hours.

The approximate percentage of his/her time spent in delivery of services to substance abuse clients: _____%

PERSONAL ATTRIBUTES:

Evaluate the applicant as you observe(d) him/her in the following areas of interpersonal relationship with clients:
(Please use appropriate number as indicated on scale.)

| | 1 | 2 | 3 | 4 | 5 | 6 |
|----------|---|------|---------|---------------|----------|----|
| | / | / | / | / | / | / |
| | Weak | Fair | Average | Above Average | Superior | NA |
| _____ A. | Respect for client. | | | | | |
| _____ B. | Care and concern for client. | | | | | |
| _____ C. | Genuineness with client. | | | | | |
| _____ D. | Empathy with client. | | | | | |
| _____ E. | Flexibility with client. | | | | | |
| _____ F. | Clinical Judgment with client. | | | | | |
| _____ G. | Spontaneity with client. | | | | | |
| _____ H. | Capacity for confrontation with client. | | | | | |
| _____ I. | Capacity for appropriate self-disclosure. | | | | | |
| _____ J. | Sense of immediacy. | | | | | |
| _____ K. | Concreteness. | | | | | |

Applicant's Name: _____

AREAS OF COMPETENCY

The following items are representative of the skills needed by an alcohol and drug counselor in the core functions. Evaluate the applicant as you feel he/she demonstrates his/her abilities in each area. Mark the rating most nearly descriptive of the applicant's demonstrated skills using the scales given.

- _____ A. Screening assessment and engagement
- _____ B. Treatment planning, collaboration, and referral
- _____ C. Counseling
- _____ D. Professional and ethical responsibilities

PROFESSIONAL AND ETHICAL CONDUCT:

1. Employment of fraud or deception in applying for a certificate: Yes No. If yes, please comment:
Comment: _____

2. Practice of Alcohol and Drug Counseling under a false or assumed name or the impersonation of another counselor of a like or different name. Yes No. If yes, please comment:
Comment: _____

3. Habitual abuse of any mood-altering chemical substance to such an extent as to interfere consistently with the competent performance of his/her duties. Yes No. If yes, please comment:
Comment: _____

4. Misrepresentation of one's professional credentials: Yes No. If yes, please comment:
Comment: _____

5. Failure to adhere to KRS 309.080 to 309.089: Yes No. If yes, please comment:
Comment: _____

Describe what you believe to be significant strengths and / or deficiencies of the applicant:

To be completed upon application for certification or licensure.

I recommend _____ for certification / licensure.
Applicant's Name

I do not recommend _____ for certification / licensure.
Applicant's Name

Signature: _____ Credential: _____

Current Address: _____

Date Signed: _____