



SUPERVISION EVALUATION FOR PEER SUPPORT SPECIALIST
(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 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. Spontaneity with client.
- _____ G. Capacity for appropriate self-disclosure.
- _____ H. Sense of immediacy.
- _____ I. Concreteness.

Applicant's Name _____

Performance Competencies

Evaluate the applicant as you feel he/she demonstrates his/her abilities in the area of recovery support. Mark the rating most nearly descriptive of the applicant's demonstrated skills using the scales given.

1	2	3	4	5	6
/	/	/	/	/	/
Weak	Fair	Average	Above Average	Superior	NA

- _____ A. Advocacy
- _____ B. Ethical Responsibility
- _____ C. Mentoring and Education
- _____ D. Recovery and Wellness Support

PROFESSIONAL AND ETHICAL CONDUCT:

- 1. Employment of fraud or deception in applying for a registration: Yes No. If yes, please comment:
Comment: _____
- 2. Practicing recovery support or advocacy under a false or assumed name or the impersonation of another credential holder 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 (attach additional pages, if needed):

I recommend _____ for registration as a peer support specialist.
Applicant's Name

I do not recommend _____ for registration as a peer support specialist.
Applicant's Name

Signature: _____ Credential: _____

Current Address: _____

Date Signed: _____