

Resolve Strategies, LLC

Annual Supervisee Evaluation & Licensure Requirement Review

Supervisors Name & Credentials: _____

Supervisee Information:

Supervisee Name & Updated Credentials: _____

Graduate School: _____

Degree Earned: _____ Date Completed/Graduated: _____

Date NCE Passed: _____ Date APC App. Was Approved: _____

Months/Years of Post Graduate Direction Completed (If gaps please explain): _____

(_____)

Supervision Information:

Initial Contract date: _____ Date of Initial Supervision: _____

Evaluation Date: _____ Next Observation Date: _____

Code of Ethics Review Date: _____

Supervision Compliance & Responsibilities: (Circle One – Y for “YES” or N for “NO”)

I have carefully re-read/reviewed my supervision contract (and/or) signed my new/revised contract: Y or N

I have had issues with impairment, substance use/abuse, ethical violations, or charges/ allocations that could negatively impact my ability to achieve licensure in the state of GA : Y or N

If YES please Explain:

I have ALL my required documents current & on file with my Supervisor: Y or N

I have ALL my required Supervisor/Director/Employer contacts updated: Y or N

I have ALL my supervision hours logged, and signed-off on my Supervisor monthly: Y or N

I'm on track to receive 35 CEU's this licensure cycle (if applicable): Y or N

I have completed my required 6 CEU hours in Tele-mental Health: Y or N

I have received Crisis Intervention Training this licensure cycle: Y or N

I have an approved plan on file to receive 35 Supervision hours annually: Y or N

I have received _____ supervision hours logged with _____ (My Supervisor) to date.

Supervisee Clinical Directed Experience & Additional Support:

List additional supervisors: _____ Group Individual Paired
_____ Group Individual Paired

List your Director(s)/Employer(s): _____ Phone: _____
_____ Phone: _____

List ANY Additional relevant Support (i.e. Counseling, Mentors, Peer Groups):

Plan of Action to Achieve the Above Requirements:

Self-Report

What are my competencies/clinical strengths & interests?

What are my deficiencies/clinical weaknesses & supervision needs?

How can I use my supervision/supervisor to continue to grow & develop clinically/professionally?

Supervisors Evaluation: Excellent (E) Competent (C) Developing (D) Needs Improvement (N) Not Observed (N/O)

Basic Clinical Skills: Documentation Skills	E	C	D	N	N/O
Clinical Language (verbiage)	E	C	D	N	N/O
Clinical Confrontation & Motivational Interviewing	E	C	D	N	N/O
Active Empathy & Unconditional Positive Regard	E	C	D	N	N/O
Establishing & Maintaining Rapport (Low Client turn-over)	E	C	D	N	N/O

Diversion Services (understanding of LOC)	E	C	D	N	N/O
Diagnostics	E	C	D	N	N/O
Case Management & Social Services	E	C	D	N	N/O
Authenticity/ Genuineness (Self-Discovery)	E	C	D	N	N/O
Active Listening	E	C	D	N	N/O
Appropriate Self-Disclosure	E	C	D	N	N/O
Psycho-Education	E	C	D	N	N/O
Group Facilitation AND/OR Couples/Marriage & Family Therapy	E	C	D	N	N/O
Interpretation	E	C	D	N	N/O
Summarization	E	C	D	N	N/O
Ethics: (Clear understanding & Drive to uphold guidelines)	E	C	D	N	N/O
Best Practices	E	C	D	N	N/O
Boundaries: (Personal/Professional)	E	C	D	N	N/O
Theory (displays a working knowledge of theory)	E	C	D	N	N/O
Seeks Continuing Education	E	C	D	N	N/O
Uses Supervision/Supervisor effectively & Often	E	C	D	N	N/O
Case Conceptualization	E	C	D	N	N/O
Cultural Competency	E	C	D	N	N/O
Intake & Assessment	E	C	D	N	N/O
Compliant w/ supervision & Direction	E	C	D	N	N/O
Self-Care	E	C	D	N	N/O
Professional Skills: Ethical/ Moral	E	C	D	N	N/O
Autonomous	E	C	D	N	N/O
Commitment to the pursuit of professional growth	E	C	D	N	N/O
Communication (Clear & Often)	E	C	D	N	N/O
Teamwork	E	C	D	N	N/O
Problem solving skills	E	C	D	N	N/O
Responds well to critique/ feedback	E	C	D	N	N/O
Confidence (Behaves in a Professional/Helpful/Competent Manner)	E	C	D	N	N/O
Takes Initiative	E	C	D	N	N/O

Engaged & Comes prepared to supervision/meetings	E	C	D	N	N/O
Eager to learn	E	C	D	N	N/O
Eager to gain new experiences/ learn new skills	E	C	D	N	N/O
Dedicated/ invested	E	C	D	N	N/O
Reliable/Dependable (consistently)	E	C	D	N	N/O
Supportive of Others	E	C	D	N	N/O
Upholds & Policies & Procedures	E	C	D	N	N/O
Holds self & others Accountable	E	C	D	N	N/O
Personable/Approachable	E	C	D	N	N/O
Listens well/ Follows Direction	E	C	D	N	N/O
Involved in Community	E	C	D	N	N/O
Culturally Aware & Sensitive	E	C	D	N	N/O
Polite & Helpful	E	C	D	N	N/O
Well-Spoken/ Articulate	E	C	D	N	N/O
Goal Oriented	E	C	D	N	N/O

Supervisor Recommendations & Action Plan to meet & exceed expectations:

Supervisors Signature: _____

Date: _____

Supervisee Signature: _____

Date: _____