

**COUNSELOR EVALUATION FORM FOR:** \_\_\_\_\_

(print applicant's name)

**\*\*\*CONFIDENTIAL\*\*\***

Dear Certified Clinical Supervisor or Certified Counselor,

Your employee listed above is applying to the Upper Midwest Indian Council on Addictive Disorders (UMICAD) for certification as a Certified Alcohol and Drug Counselor. The information requested is an essential part of the Board's evaluation of the competence of the applicant and must be on file before the application can be processed.

The UMICAD believes that your observation will have developed a more complete and accurate impression of the knowledge and skills of the applicant than is available from other sources. Your evaluation plus that received from the other references and the data furnished by the applicant will be used in determining eligibility for certification. The process is only as good as you and the others make it be careful and truthful reporting.

*Please complete all information and return the evaluation form within one week. Your cooperation is very much appreciated*

	<p>SUPERVISOR, PLEASE NOTE: In the scale listed below, a rating of:</p> <p style="text-align: center;">1 is equivalent to Poor 2 is equivalent to Fair 3 is equivalent to Acceptable 4 is equivalent to Good 5 is equivalent to Excellent</p> <p style="text-align: center;">On the basis of your knowledge of the above named counselor, rate his/her skill in each area listed below. Circle the appropriate number or check the other box.</p>
Supervisor's Name: _____	
Title & Credentials: _____	
Agency: _____	
Agency Address: _____	
City/State/Zip _____	
Agency phone # _____	

Areas of Skill	Poor	Excellent	Don't Know	Not Applicable
1. Exhibits skill in active listening (attending, paraphrasing)	1 2 3 4 5			
2. Exhibits skill in probing	1 2 3 4 5			
3. Exhibits skill in summarizing	1 2 3 4 5			
4. Exhibits skill in reflection	1 2 3 4 5			
5. Exhibits skill in interpretation	1 2 3 4 5			
6. Exhibits skill in confrontation	1 2 3 4 5			
7. Exhibits skill in self-disclosure	1 2 3 4 5			
8. Exhibits warmth	1 2 3 4 5			
9. Exhibits respect	1 2 3 4 5			
10. Exhibits empathy	1 2 3 4 5			
11. Exhibits concreteness	1 2 3 4 5			

Areas of Skill	Poor	Excellent	Don't Know	Not Applicable
12. Exhibits empathy	1 2 3 4 5			
13. Skill in recognizing and clarifying dysfunctional behavior and its ramifications for the individual client	1 2 3 4 5			
14. Skill in motivation the client to actively participate in treatment.	1 2 3 4 5			
15. Skill in the practical use of three counseling approaches other than self-help groups, which are appropriate for treatment of the individual alcohol/drug abusing/dependent client	1 2 3 4 5			
16. Skill in the practical use of group counseling techniques	1 2 3 4 5			
17. Skill in the appropriate selection of individual, group and/or family counseling approaches according to individualized client needs.	1 2 3 4 5			
18. Skill in assessing and intervening in crisis, including assessment of dangerousness to self or others.	1 2 3 4 5			
19. Skill in developing and implementing individualized treatment plans according to identified client needs.	1 2 3 4 5			
20. Skill in problem-solving techniques, goal setting and decision making in conjunction with clients.	1 2 3 4 5			
21. Skill in termination of counseling.	1 2 3 4 5			
22. Skill in client intake process.	1 2 3 4 5			
23. Skill in initial and on-going client evaluation process.	1 2 3 4 5			
24. Skill in interpretation and assessment of case records.	1 2 3 4 5			
25. Skill in evaluating and periodically updating or modifying the treatment plan and its strategies.	1 2 3 4 5			
26. Skill in identifying the additional resources and services best suited for the individual client.	1 2 3 4 5			
27. Skill in directing the client to additional resources and services	1 2 3 4 5			
28. Skill in maintaining follow-up with the client and with service providers to assure that the client's needs are met	1 2 3 4 5			
29. Skill in the efficient productive handling and coordination of, and involvement with, clients throughout the treatment process, from initial intervention or intake through disposition, termination and follow-up.	1 2 3 4 5			
30. Skill in the maintenance of up-to-date, accurate and understandable case files and records, including history, intake, treatment plan, progress notes, reports and correspondence, referral dispositions and termination or discharge summary.	1 2 3 4 5			
31. Skill in treating client files and records in accordance with the client's best interest and with all federal, state, local and agency regulations, especially those regulations governing confidentiality. This includes disclosures that occur in the discussion of confidential material as part of intra-or-inter-agency stuffing's, consultation, referral or client advocacy.	1 2 3 4 5			
32. Skill in verbal and written communication with professional colleagues and clients.	1 2 3 4 5			

First Name:	Last Name:	MI:
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## SUPERVISOR'S STATEMENT

I hereby certify that I have been in a position to observe and have first-hand knowledge of \_\_\_\_\_

work at \_\_\_\_\_

I have observed the applicant's work from \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

Describe the procedures you have used to supervise and evaluate the applicant below (attach additional sheets if necessary):

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I HEREBY CERTIFY THAT THIS RATING IS, TO THE BEST OF MY KNOWLEDGE, TRUTHFUL AND REFLECTS AS ACCURATELY AS POSSIBLE MY KNOWLEDGE OF THE APPLICANT.

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

THE UMICAD CERTIFICATION BOARD, INC. RESERVES THE RIGHT TO REQUEST FURTHER INFORMATION FROM YOU CONCERNING THIS APPLICANT.

**PLEASE NOTE DO NOT RETURN TO APPLICANT! PLEASE RETURN DIRECTLY TO UMICAD:**

**UMICAD  
PO BOX 1130  
BEMIDJI, MN 56619  
PHONE: 218-230-2622  
FAX: 218-319-8468**