

The International Reciprocity Board of Therapeutic Professionals Counselor Certification



Clinical Supervisor Evaluation Form

This Form is Confidential

To Be Completed by Applicant

Applicant's Name (Please Print): _____

Date: _____

I authorize the International Reciprocity Board of Therapeutic Professionals (IRBO) to seek additional information about my work and counseling skills from the supervisor below.

Clinical Supervisor (Please Print): _____

Applicant's Signature: _____

I hereby waive my right to inspect this evaluation form and any subsequent information provided by the evaluator in connection with my application for Certification.

Applicant's Signature: _____

To the Clinical Supervisor: The individual named above is applying to the International Reciprocity Board of Therapeutic Professionals Counselors Certification for certification as a substance abuse counselor (CAC, CADC, or CADC-II). The information requested from you is an essential part of the Board's evaluation of the competence of this applicant, and this completed form must be on file before the application can be reviewed and processed. The Board believes that your evaluation from direct observation and supervision of the applicant's work will contribute to a more complete and accurate impression of the knowledge and skill of the applicant. The Board appreciates your accurate and truthful reporting. This form is considered by the Board to be confidential. As a supervisor, you may keep a photocopy of this evaluation for your files, but you must not provide a copy of this form, nor disclose its contents, to the applicant. You must mail it directly back to IRBO. Failure to comply with this directive could void the entire application.

Please mail this form to the following address: IRBO, 120 West Ocean Drive Catano, Puerto Rico, 00962



Clinical Supervisor Evaluation Form

Part A

Supervisor's Name: _____

Supervisor's Job Title: _____

Current Agency Name & Address:

Agency Phone Number: _____

Highest Degree Held: _____

State License(s)/Certifications Held: _____

Relationship to applicant (Circle all that apply): Consultant Past Supervisor

Present Supervisor Other (Please Specify) _____

Agency & address where supervision occurred:

Was this agency licensed? Y or N

Was this a substance abuse treatment agency? Y or N

If not substance abuse treatment, please specify type of licensed agency: _____

Your position at time of supervision: _____

Applicant's position at time of supervision: _____

Date supervision of the applicant's work occurred (MM/Year to MM/Year): _____

Number of direct face-to-face supervised hours per week for period listed above: _____

Average number of hours applicant worked per week: _____

Total number of hours per week in direct client substance abuse counseling: _____

What is/was the size of the applicant's case load? _____



Average number of hours per week of substance abuse counseling provided in the following areas:

Individual counseling: _____

Group Counseling: _____

Family/Significant Other Counseling: _____

Percentage of time spent in the following case load areas:

Primary diagnosis of alcoholism/drug abuse: _____

Primary diagnosis of other (Please Specify): _____

Secondary diagnosis of alcoholism/drug abuse: _____

Clinical Supervisor Evaluation Form

Part B

In the lines below, please provide a brief description of the applicant's primary job responsibilities as an alcohol/drug abuse counselor at the time of supervision:

Describe below the procedure used in supervision with the applicant. Your comments in this portion are considered very important. Please carefully complete this section.



Clinical Supervisor Evaluation Form

Part C

Please read the statements below which describe various skills needed by a substance abuse counselor. Rate the applicant's ability using the following scale, and place an appropriate number value on the blank to the right of each statement.

Scoring Scale:

0 = No basis for judgment
1 = Inadequate

2 = Needs improvement
3 = Competent

4 = Above average
5 = Outstanding

I. Screening

1. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug abuse. _____
2. Determine the client's appropriateness for admission or referral. _____
3. Determine the client's eligibility for admission or referral. _____
4. Identify any co-existing conditions (examples include medical, psychiatric, physical, etc.) that indicate the need for additional professional assessment and/or services. _____
5. Adhere to applicable laws, regulations, and agency policies governing alcohol and other drug abuse services. _____

II. Intake

1. Complete required documents for admission to the program. _____
2. Complete required documents for program eligibility and appropriateness. _____
3. Obtain appropriately signed consents when soliciting from or providing information to outside sources in order to protect client confidentiality and rights. _____

III. Orientation

1. Provide an overview to the client by describing program goals and objectives for client care. _____
2. Provide an overview to the client by describing program rules and client obligations and rights. _____
3. Provide an overview to the client of program operations. _____

IV. Assessment

1. Gather relevant history from the client including, but not limited to, alcohol and other drug abuse using appropriate interview techniques. _____
2. Identify methods and procedures for obtaining corroborative information from significant sources regarding the client's alcohol, other drug abuse, and psychological history. _____



- 3. Identify appropriate assessment tools. _____
- 4. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding. _____
- 5. Develop a diagnostic evaluation of the client's substance abuse and any co-existing conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs. _____

V. Treatment Planning

- 1. Explain assessment results to the client in an understandable manner. _____
- 2. Identify and rank problems based on individual client needs in the written treatment plan. _____
- 3. Formulate agreed-upon immediate and long-term goals using behavioral terms in the written treatment plan. _____
- 4. Identify the treatment methods and resources to be utilized as appropriate for the individual client. _____

VI. Counseling

- 1. Select the counseling theory(ies) that apply(ies). _____
- 2. Apply techniques to assist the client, group, and/or family in exploring problems. _____
- 3. Apply techniques to assist the client, group, and/or family in examining the client's behavior, attitude, and/or feelings if appropriate in the treatment setting. _____
- 4. Individualize counseling in accordance with cultural, gender, and lifestyle differences. _____
- 5. Interact with the client in an appropriate therapeutic manner. _____
- 6. Elicit solutions and decisions from the client. _____

VII. Case Management

- 1. Coordinate services for client care. _____
- 2. Explain the rationale of case management activities to the client. _____

VIII. Crisis Intervention

- 1. Recognize the elements of the client's crisis. _____
- 2. Implement an immediate course of action appropriate to the client. _____
- 3. Enhance overall treatment by utilizing crisis events. _____



IX. Client Education

- 1. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes. _____
- 2. Present information about available alcohol and other drug services and resources. _____

X. Referral

- 1. Identify needs and/or problems that the agency and/or counselor cannot meet. _____
- 2. Explain the rationale for the referral to the client. _____
- 3. Match client needs and/or problems to the appropriate resources. _____
- 4. Adhere to applicable laws, regulations, and agency policies covering procedures related to the protection of the client’s confidentiality. _____
- 5. Assist the client in utilizing the support systems and community resources available. _____

XI. Report and Recordkeeping

- 1. Prepare reports and relevant records integrating available information to facilitate the continuum of care. _____
- 2. Chart ongoing information pertaining to the client. _____
- 3. Utilize relevant information from written documents for client care. _____

XII. Consultation With Other Professionals

- 1. Recognize issues that are beyond the counselor’s base of knowledge and/or skill. _____
- 2. Consult with appropriate resources to ensure the provision of effective treatment services. _____
- 3. Adhere to applicable laws, regulations, and agency policies governing the disclosure of client identifying data. _____
- 4. Explain the rationale for the consultation to the client. _____

Clinical Supervisor Evaluation Form

Part D

Please describe any special skills of the counselor: _____



Comments and/or additional information that you feel may be pertinent:

The supervisor completing this evaluation must read and sign the following statement:

I certify that I was employed as a supervisor of the applicant noted below by the agency also noted below. I was, therefore, in a position to directly observe the applicant's work at that agency.

Applicant's name (Please Print): _____

Agency name: _____

Supervisor's Name: _____

Supervisor's signature: _____

Date: _____

Please check only ONE statement below that applies:

_____ I recommend this applicant for certification.

_____ I have some reservations in recommending this applicant.

_____ I do not recommend this applicant for certification.

The supervisor completing this evaluation must read and sign the following statement:

I attest that all of the information that I have provided in this evaluation form is true and accurate to the best of my knowledge.

Supervisor's Name (Please Print): _____

Supervisor's Signature: _____

Supervisor's Job Title: _____

Date: _____



This Clinical Supervisor Evaluation Form is Confidential.

The applicant has waived his/her right to view its contents. The supervisor may make a copy of this form for his/her records. However, no copy may be provided to the applicant, nor should the applicant be allowed to view its contents.

Please complete and sign this form. Mail it directly to: IRBO, 120 West Ocean Drive Catano, Puerto Rico, 00962

An application is considered incomplete without this form, and in most instances, must be postmarked by a certain deadline date. Please confirm with the applicant the deadline date by which this evaluation form must be postmarked. Please postmark this form on or before that date.

