



**GENERAL SUPERVISION EVALUATION FORM
FOR DRUG AND ALCOHOL LICENSURE/CERTIFICATION ELIGIBILITY**

12 months (LADC)

Typically 50 completed hours of educational supervision / 2000 completed hours of practice/work hours under supervision

24 months (CADC)

Typically 100 completed hours of educational supervision / 4000 completed hours of practice/work hours under supervision

PARTIAL SUPERVISION

(Due to a change in status, i.e. change of supervision, change of employment):

Number of completed hours of supervision this evaluation: _____ Hours to present date: _____

SUPERVISEE _____

Other name(s) under which evaluations have been submitted _____

Home Address - Street/City/State/Zip _____

Home E-Mail _____ Home Phone () _____

Employing Agency Position _____

Position is: Full Time Part-Time: Number of hours per week: _____

Agency Address
Street/City/State/Zip _____

Agency E-Mail _____ Agency Phone () _____

SUPERVISOR _____

License Number _____

Job Title _____ Agency Phone () _____

Employing Agency _____ Agency E-Mail _____

Agency Address
Street/City/State/Zip _____

PERIOD OF SUPERVISION: From _____ To _____
(Month/Day/Year) (Month/Day/Year)

Total hours of **Individual* & Group** Supervision this evaluation:** _____

Total hours of **Individual* & Group** Supervision to present date:** _____

* no more than 2 people can be considered individual supervision.

** the group size must be limited to no more than 8 people

OKLAHOMA STATE BOARD OF ALCOHOL AND DRUG COUNSELORS

PO Box 54388 -- Oklahoma City, OK 73154-0388

Phone: (405) 521-0779 Fax: (405) 521-0291

own behavior:					
8. Assisting the client in developing positive life skills:	1	2	3	4	5
9. Utilizing one or more treatment modalities:	1	2	3	4	5
10. Counseling termination process.	1	2	3	4	5
Group Counseling.					
1. Facilitating the adoption of an open stance and a willingness to communicate among group members:	1	2	3	4	5
2. Exercise appropriate leadership of group activities:	1	2	3	4	5
3. Assisting group members in expressing their feelings and reactions and giving and receiving feedback:	1	2	3	4	5
4. Assisting group members to gain awareness for interactions with the group and explore alternative responses to interpersonal situations:	1	2	3	4	5
5. Facilitating group members in sharing experiences, concerns and strategies with one another.	1	2	3	4	5
6. Cooperating with co-facilitator, when available, in planning, conducting and critiquing sessions.	1	2	3	4	5
Working with client's family and significant others					
1. Establishing contact with members of the client's family:	1	2	3	4	5
2. Seeking input from client's family to aid in the overall evaluation and development of a treatment plan for client:	1	2	3	4	5
3. Acting as a buffer between client, the client's family or significant others:	1	2	3	4	5
4. Identifying positive and negative contributions to the alcohol and/or drug problem:	1	2	3	4	5
5. Assisting family and significant others to recognize their own roles, dysfunctional behaviors and capabilities:	1	2	3	4	5
6. Acquainting family and significant others with basic information on alcohol and other drugs:	1	2	3	4	5
7. Assisting family and significant others in developing productive behaviors:	1	2	3	4	5

Client Intake and Screening	Poor				Excellent
Insofar as possible, obtaining complete and accurate account of client's problems and history, including his/her work history and family relationships as well as his/her drinking/drug pattern and the kinds of problems that result from that drinking/drug pattern. Complete an evaluation assessing cultural implications, spirituality, education, socio-economic status and current emotional state:	1	2	3	4	5
Formulating Client Treatment Plans					
1. Reviewing and interpreting exiting records of clients	1	2	3	4	5
2. Informing clients of their human and legal rights in treatment:	1	2	3	4	5
3. Working with clients to plan treatment and discussing treatment plans with client during counseling sessions:	1	2	3	4	5

COMPETENCIES REQUIRED FOR CERTIFICATION TO BE EVALUATED	1	2	3	4	5
4. Assessing needs and problems of client:	1	2	3	4	5
5. Sharing evaluation findings with client and working thorough client reactions or resistance to this evaluation or progress.	1	2	3	4	5
6. Recognizing situations which are beyond the counselor's ability and referring such individuals to an appropriate resource.	1	2	3	4	5
Referrals	1	2	3	4	5
1. Suggesting referrals appropriate for the client:	1	2	3	4	5
2. Contacting and/ or contracting with other persons, agencies, or groups for services and progress reports:	1	2	3	4	5
3. Explaining to the client the referral resource and its function in relationship to his/her problem:	1	2	3	4	5
4. Assure that client will feel free to return to the counselor for further assistance if the referral resource is inadequate:	1	2	3	4	5
5. Recognizing serious medical, psychological or spiritual situations which are beyond his/her expertise and referring the client promptly and appropriately:	1	2	3	4	5
Post Treatment Planning and Aftercare	1	2	3	4	5
1. Assessment of client's current status:	1	2	3	4	5
2. Preparation of after-care plan:	1	2	3	4	5
3. Assisting client to implement post-treatment plan:	1	2	3	4	5
4. Preparation to termination or discharge summary.	1	2	3	4	5
Staff Conferences and Interactions					
1. Maintain effective communication with other staff members:	1	2	3	4	5
2. Function as a part of a treatment team:	1	2	3	4	5
3. Plan cooperatively for client treatment in regularly scheduled meetings	1	2	3	4	5

Record Keeping and Report Writing	Poor		Excellent		
1. Maintain all records, including client progress notes, in a timely and complete manner:	1	2	3	4	5
2. Summarize and transmit records to other staff or agencies required:	1	2	3	4	5
3. Counselor will display standard writing skills and the ability to transmit ideas on paper:	1	2	3	4	5
Responding to Programs Inquiry Telephone Calls					
1. Building rapport over the telephone	1	2	3	4	5
2. Conducting initial evaluation and counseling over the telephone:	1	2	3	4	5
3. Imparting clear information over the telephone	1	2	3	4	5
Crisis Intervention					
1. Using calm, firm manner to handle a client who is under the influence of alcohol/drugs who is disturbed or belligerent:	1	2	3	4	5
2. Averting suicidal crisis by empathetic response and by making self available for client to talk through his/her feelings:	1	2	3	4	5
3. Making a non-suicide pact (verbal) with the client:	1	2	3	4	5
4. Recognizing serious medical, Psychological or spiritual situations which are beyond his/her expertise and referring the client promptly and appropriately.	1	2	3	4	5
Didactic Presentations to Clients and Community					
1. Familiarity with accurate, up-to-date information on alcohol/drug use and abuse; physical, spiritual, psychological and social effects; behavior patterns of individuals suffering from alcohol/drug use and abuse:	1	2	3	4	5
2. An ability to impart information to groups and individuals, presenting a clear and effective message appropriate to the audience:	1	2	3	4	5
3. An ability to lead discussion after presentation:	1	2	3	4	5
4. An ability to apprise the community of available resources:	1	2	3	4	5
Counseling					
1. The philosophy, policies and practices of Alcoholics Anonymous, Al-anon, Ala-teen, Narcotics Anonymous and other appropriate voluntary self-help groups:	1	2	3	4	5
2. One or more counseling theories.	1	2	3	4	5
Federal, State, and Local Statutes					
1. The regulations and laws which directly relate to the use and abuse of alcohol and drugs:	1	2	3	4	5
2. The State resource agencies, organizations, etc., which are directly concerned with the use and abuse of alcohol and drugs:	1	2	3	4	5
3. Law of Confidentiality relative to alcohol and drugs:	1	2	3	4	5

Additional Information About the Applicant You Feel is Important:

Oklahoma Board of Licensed Alcohol and Drug Counselors reserve the right to request further information from you concerning this applicant.

Return This Form Directly to: (OBLADC)
OKLAHOMA BOARD OF LICENSED ALCOHOL AND DRUG COUNSELORS
P O Box 54388
Oklahoma City, OK 73154-0388

SUPERVISOR STATEMENT

I _____ Supervised _____ on the job.
(name of supervisor) (counselor candidate)

I recommend this applicant for certification Yes _____ No _____

Signature

Title

Date