DISCIPLINARY SUPERVISION EVALUATION FORM

(To be completed by Supervisor)					
Licensee's Name:	Date:				
Supervisor's Name/Title:					
Number and Dates of Supervision Sessions in this Quarter:					
Rating Key 1: Exceeds Expectations – Exceeding in goals and expectations of supervision. 2: Meets Expectations - Fulfilling the requirements of the supervision, is engaging at an acceptable level. 3: Not fully Meeting Expectations – Not consistently satisfying supervision expectations, low level of engagement. 4: Unacceptable – Not engaged in supervision, failing to meet goals and objectives of supervision.					
SUPERVISION		1	2	3	4
Prepares for supervision					
Makes use of supervision and feedback					
Effective in communication with supervisor					
Use of ongoing consultation to manage difficult cases COMMENTS:					
PROFESSIONAL CONDUCT		1	2	3	4
Engaged in Supervision (shows positive intent, involved, interested, flexible)					
Reliable (dependable, prepared, exhibits follow-through, organized, punctual, good attendance)					
Demonstrates appropriate professional boundaries					
• Exhibits good judgment (calm, discreet, plans ahead, anticipates implications, involves supervisor appropriately, good self-presentation)					
Timely documentation and compliance with established standards					
COMMENTS:					
RISK MANAGEMENT - LEGAL AND ETHICAL AREAS		1	2	3	4
Understand and adhere to APA Ethical Guidelines, Oregon Administrative Rule and Federal Law related to delivery of mental health and addictions services					
Knowledge and adherence to agency Risk Management policies and procedures					
COMMENTS:					
MANAGED CARE AND UTILIZATION REVIEW		1	2	3	4
Knowledge of managed care principles appropriate to population served					
Use of managed care principles in treatment and care of clients					
COMMENTS:					

Please respond to the following:

1. Please identify the goals of supervision during this quarter:

2. Please comment on compliance with these goals, attendance, and level of engagement:

3. What specific issues have been addressed and what methods have been employed to deal with these issues?

4. To what degree do you see progress and what signs indicate that?

5. Please identify any concerns you have:

Other Comments:

Supervisor Signature

Date

Licensee Signature

Date