

Rate your supervisee in comparison to other professionals with commensurate experience. Place an "X" under the appropriate skill level.

No observation Needs improvement Acceptable Above average skill

Individual treatment: _____

Group treatment: _____

Marital treatment: _____

Child treatment: _____

Assessment/diagnosis: _____

Treatment planning: _____

Makes appropriate referrals: _____

Consults with other professionals: _____

Conducts research: _____

Knows licensing law and rules: _____

Conforms to Rules of Professional Conduct: _____

Uses Disclosure Statement: _____

Is prompt current on paperwork and records: _____

Cares for own mental health: _____

Utilizes supervision sessions effectively: _____

Maintains professional boundaries: _____

Stays within limits of competence level: _____

Keeps current with professional literature: _____

Dates of observations (live or tape) for this six-month period: _____

Date(s) of contact with on-site supervisor for this six-month period: _____

Additional Supervisor comments:

Supervisor signature: _____ **Date:** _____

Supervisee signature: _____ **Date:** _____

