

Evaluator's Statement

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APPLICANT'S NAME: _____

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named applicant's work at the (name of agency or workplace) _____

I have observed this applicant's work from _____ to _____

My relationship to this applicant is/was Supervisor

The information I am giving is my best judgment of this applicant's capabilities to be certified as (*check one*)

Alcohol and Drug Counselor Advanced Alcohol and Drug Counselor Clinical Supervisor.

I believe this applicant's performance has been consistent with APSC's Ethical Standards

Yes No If no, please explain: (*use additional pages if needed*).

To be answered by current or former supervisor only:

1. How long have you supervised this applicant? _____
2. How many hours of clinical supervision have you provided this applicant during this time? _____
3. What is the approximate size of this applicant's caseload? _____
4. What percentage of this applicant's time is spent in the Domains of the level of certification that this applicant has applied? _____%
5. What are significant strengths and deficiencies of this applicant?

Notable Strengths:

Notable Deficiencies:

This form was completed by:

Print Name

Title/Certification Level/Certification Exp.

Signature

Date

Agency

Address

Phone

City

State

Zip

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Please rate the applicant on the scale below based on the average of employees doing similar work by checking the appropriate box. Evaluator must be knowledgeable in all Domains with appropriate credential to evaluate the applicant. See page 15.

Satisfactory / Unsatisfactory / Not Observed or Not Applicable: (check as each applies)

An explanation must be provided for any Domains marked not observed or not applicable. See Page 3.

Alcohol and Drug Counselor (ADC)

S	U	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain I: Screening and Intake:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain II: Treatment Planning, Collaboration, and Referral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain III: Counseling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain IV: Professional and Ethical Responsibilities

Advanced Alcohol and Drug Counselor (AADC)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain I: Screening, Assessment, and Engagement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain II: Treatment Planning, Collaboration, and Referral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain III: Counseling and Education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain IV: Professional and Ethical Responsibilities

Clinical Supervisor (CS)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain I: Screening, Assessment, and Engagement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain II: Treatment Planning, Collaboration, and Referral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain III: Counseling and Education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domain IV: Professional and Ethical Responsibilities

Please list explanations for any Domains marked Not Observed or Not Applicable.

EVALUATOR COMMENTS:
