

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:

