

LICENSED ASSOCIATE COUNSELOR (LAC)

EVALUATION

Evaluation for _____
Last First Middle License Number

DUE _____ SUPERVISION AGREEMENT EXPIRES _____

Supervision Period from _____ To _____
Date Date

Indicate your appraisal of the supervisee's expertise in the areas indicated below. Please be assured that the format provided does not preclude any additional information you may wish to provide by letter.

Leave any items blank if you do not feel you have enough information to respond. Rate this applicant using the following five point scale:

Unsatisfactory	Needs Improvement	Average	Above Average	Excellent
(1)	(2)	(3)	(4)	(5)

I. How do you see this applicant in relation to the following interpersonal skills?

- _____ 1. Dealing with authority
- _____ 2. Ability to use supervision well
- _____ 3. Attitude toward supervision
- _____ 4. Peer relations, professional
- _____ 5. Professional manner
 - _____ a. Personal, individual
 - _____ b. Role-presented to community
- _____ 6. Knowledge/application of professional ethics
- _____ 7. Other (Specify) _____

II. How would you describe this person's intra personal strengths/weaknesses?

- _____ 1. Professional sophistication (vs. Naivete)
- _____ 2. Ability to handle anxiety
- _____ 3. Readiness to learn in an experiential setting
- _____ 4. Integration of significant life experiences
- _____ 5. Other (Specify) _____

III. What is your appraisal of this applicant's intervention skills in the areas below?

- _____ 1. Ability to use assessment instruments
 - _____ a. Individual
 - _____ b. Group
- _____ 2. Basic interviewing skills (Listening, responding, goal setting)
- _____ 3. Individual counseling skills
- _____ 4. Group counseling skills
- _____ 5. Relationship counseling skills
 - _____ a. Family
 - _____ b. Couples
 - _____ c. Work, peer
- _____ 6. Skills in conducting personal effectiveness training groups (TA, assertive, parent training, decision making, et cetera)
- _____ 7. Consultation with others
- _____ 8. Evaluation and follow-up
- _____ 9. Other (Specify) _____

IV. From your knowledge of this person, what specific suggestions do you make for special attention or improvement during the next six month period?

- 1. _____
- 2. _____
- 3. _____

V. Additional comments:

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

FAX NOT ACCEPTABLE....MAIL ORIGINAL SIGNATURE FORMS

LICENSED ASSOCIATE COUNSELOR (LAC) REPORT
CLIENT CONTACT HOURS (CCH) AND SUPERVISION HOURS
FAX NOT ACCEPTABLE-SEND ORIGINAL SIGNATURE

DUE _____ SUPERVISION AGREEMENT EXPIRES _____

Supervision from _____ To _____

Number of Direct **Individual** Client Contact Hours _____

Number of Direct **Family/Couple** Contact Hours _____

Number of **Indirect** Client Contact Hours for **6 month** report period _____

Number of Individual (face to face) Supervision Hours _____

Number of Individual Technology- assisted (face to face) Supervision Hours** _____

Number of Group Supervision Hours * _____

Number of Technology -assisted Group Supervision Hours ** _____

Phase I 1:10 ratio 1000 CCH & 100 Supervision Hours

Phase II 1:20 ratio 1000 CCCH & 50 Supervision Hours

Phase III 1:40 ratio 1000 CCH & 25 Supervision Hours

TOTAL 3000 CCH & 175 Supervision Hours Petition for LPC

***No more than 50% of the total 175 supervision hours may be in Group Format.**

The Supervisor and the LAC are responsible for the selection of group supervision hours as appropriate to the needs of the LAC and the clients of the LAC.

**** No more that 50% of the Supervision hours may be Technology- assisted Supervision in any one phase.**

One year of supervised practice, mandated by Section 8g of Act 593 of 1979, is defined as on phase, (1000 CCH).

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

Received Board Office _____ Recorded By: _____

Date Stamp _____ Date: _____

Revised 4-4-2007

Revised 4-4-2007

