

SUPERVISOR'S EVALUATION FORM

APPLICATION FOR:

- () **CERTIFIED SUBSTANCE ABUSE COUNSELLOR (CSAC)**
() **CERTIFIED GAMBLING ADDICTION COUNSELLOR (CGAC)**

This form is to be completed by the applicant's supervisor and sent **directly** to:

The President
Association of Professionals Specialising in Addiction Counselling (Singapore)
Bukit Batok Central
P. O. Box 16
Singapore 916501
Tel: (65) 6333-5251

or email to tonyting@hotmail.com.

The applicant listed below has applied for certification as indicated above. Your evaluation will help to verify the dates of employment, nature of duties and responsibilities and the requisite number of hours of experience in the prescribed areas of competency.

FORMS SUBMITTED BY THE APPLICANT WILL NOT BE ACCEPTED.

Name of Applicant	<input type="text"/>	Position	<input type="text"/>
Name of Supervisor	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
E-Mail	<input type="text"/>		

1. The applicant was under my supervision from (date) _____ to (date) _____.
2. The applicant's average caseload was (number) _____ clients.
3. The applicant worked _____ hours per week.
4. The average percent of time spent providing substance abuse counselling and related services was _____%.
5. As a supervisor, I am a Certified Substance Abuse Counsellor/ Certified Gambling Addiction Counsellor.

(Tick one. If yes, give certificate number) Yes No

SUPERVISOR'S CONFIDENTIAL EVALUATION

The information contained on this sheet is confidential and should not be released to the applicant without the written permission of the supervisor who signed it. Programme documents or clinical supervision hours may be used to demonstrate experience in the areas indicated.

Please use the following key when evaluating the applicant's clinical skills and abilities.

- 1 Minimal Ability**
- 2 Below Average Ability**
- 3 Average Ability**
- 4 Above Average Ability**
- 5 Outstanding Ability**
- NA The applicant has not provided this service under my supervision**

Clinical Skills / Abilities	Evaluation (Circle One)	Remarks
Ability to conduct screening and intake to determine client eligibility	1 2 3 4 5 NA	
Ability to conduct an assessment using formal assessment tools	1 2 3 4 5 NA	
Ability to establish a therapeutic counsellor-client relationship	1 2 3 4 5 NA	
Ability to develop a treatment plan based on information gained through psychological data, the assessment process, and needs/goals as identified by the client	1 2 3 4 5 NA	

Clinical Skills / Abilities	Evaluation (Circle One)	Remarks
Ability to use individual counselling techniques and methods with the client	1 2 3 4 5 NA	
Ability to use family counselling techniques when counselling client's spouse, family members and / or significant others	1 2 3 4 5 NA	
Ability to provide case management: activities which bring services, agencies, resources together within a planned framework of action toward the achievement of established goals	1 2 3 4 5 NA	
Ability to provide crisis intervention: services which respond to the client's needs during acute emotional and/or physical distress	1 2 3 4 5 NA	
Ability to provide client education: provide information on alcohol and other drug abuse and the available services and resources	1 2 3 4 5 NA	
Ability to maintain accurate client records : charting the results of assessment and treatment plan, writing reports, progress notes and other client-related data	1 2 3 4 5 NA	

Clinical Skills / Abilities	Evaluation (Circle One)	Remarks
Ability to consult and/or work with other professionals	1 2 3 4 5 NA	
Ability to evaluate one's shortcomings and to accept guidance/suggestions	1 2 3 4 5 NA	
Ability to make decisions and initiate actions with minimal or no supervision	1 2 3 4 5 NA	
Ability to comply with APSAC's Code of Ethics	1 2 3 4 5 NA	

"I certify that the information contained herein and on any attachments are true to the best of my knowledge."

Supervisor's Name

Date

Supervisor's Signature