

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 Clinical 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 SCAADAC's Ethical Standards
 Yes No If no, please explain: (use additional pages if needed)

To be answered by current or former clinical supervisor only:

1. How many hours of clinical supervision have you provided this applicant? _____
2. 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

EVALUATOR'S STATEMENT

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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.

S U N 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)

- Domain I: Screening, Assessment, and Engagement
Domain II: Treatment Planning, Collaboration, and Referral
Domain III: Counseling
Domain IV: Professional and Ethical Responsibilities

Advanced Alcohol and Drug Counselor (AADC)

- Domain I: Screening, Assessment, and Engagement
Domain II: Treatment Planning, Collaboration, and Referral
Domain III: Counseling and Education
Domain IV: Professional and Ethical Responsibilities

Clinical Supervisor (CS)

- Domain I: Counselor Development
Domain II: Professional and Ethical Standards
Domain III: Program Development and Quality Assurance
Domain IV: Assessing Counselor Competencies and Performance
Domain V: Treatment Knowledge

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

Horizontal lines for providing explanations for domains marked Not Observed or Not Applicable.

EVALUATOR COMMENTS:

Horizontal lines for providing evaluator comments.