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|-----|---|---|---|---|---|---|----|
| 11. | Maintenance of case files and records | 1 | 2 | 3 | 4 | 5 | NA |
| 12. | Oral and written communication | 1 | 2 | 3 | 4 | 5 | NA |
| 13. | Observing confidential requirements | 1 | 2 | 3 | 4 | 5 | NA |
| 14. | Ability to motivate | 1 | 2 | 3 | 4 | 5 | NA |
| 15. | Ability to confront | 1 | 2 | 3 | 4 | 5 | NA |
| 16. | Ability to self-disclose | 1 | 2 | 3 | 4 | 5 | NA |
| 17. | Shows warmth | 1 | 2 | 3 | 4 | 5 | NA |
| 18. | Has realness | 1 | 2 | 3 | 4 | 5 | NA |
| 19. | Has empathy | 1 | 2 | 3 | 4 | 5 | NA |
| 20. | Has flexibility | 1 | 2 | 3 | 4 | 5 | NA |
| 21. | Maintains professionalism | 1 | 2 | 3 | 4 | 5 | NA |
| 22. | Functions in accord with code of ethics | 1 | 2 | 3 | 4 | 5 | NA |
| 23. | Updates skills and areas of personal growth on an ongoing basis | 1 | 2 | 3 | 4 | 5 | NA |
| 24. | Has ability to maintain interpersonal relationships with colleagues | 1 | 2 | 3 | 4 | 5 | NA |

Additional comments: _____

(Attach additional pages as needed)

The above information, to the best of my knowledge, is true and complete.

Signature

Date

Evaluator's Name and Title

Phone Number

Your professional relationship to applicant counselor

Address

City

State

Zip

DO NOT RETURN TO APPLICANT