



Indian Alcoholism Commission of California, Inc. [IACC]



Supervisor's Counselor Evaluation

The person named below (employee or colleague) is requesting certification. IACC requires that this Counselor Evaluation form be completed and filed with the Board before this applicant's request can be processed.

Your evaluation is an integral part of the material presented to IACC for its consideration. Please report accurately and objectively.

This form becomes the property of IACC and remains completely confidential.

Applicant's Name

Social Security #

RELEASE STATEMENT

Dear Supervisor,

I am in the process of seeking certification from the Certification Board of Substance Abuse Counselors (IACC) as a competent, professional Alcohol/Drug Counselor. I have identified you as someone in a position to verify my standard of professional performance and/or supervised hours of personal face-to-face alcohol counseling or other activities that are directly related.

Your documentation will be combined with other documents and assessments to form my portfolio. Your cooperation will assist the Board in making a fair and accurate decision.

I hereby authorize you to release to the Board confidential information required by the Certification Board.

Name (please print)

Signature



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Evaluation Sheet

CIRCLE THE APPROPRIATE NUMBER

RATINGS:

1=Poor

2=Fair

3=Acceptable

4=Good

5=Excellent

NA=Not Applicable

1. Working with clients on an individual basis	1	2	3	4	5	NA
2. Working with clients on a group basis	1	2	3	4	5	NA
3. Working with clients on a family basis	1	2	3	4	5	NA
4. Intake process	1	2	3	4	5	NA
5. Initial and ongoing client evaluation	1	2	3	4	5	NA
6. Assessment of case records	1	2	3	4	5	NA
7. Treatment plan preparation	1	2	3	4	5	NA
8. Use of referrals and other resources	1	2	3	4	5	NA
9. Termination of counseling	1	2	3	4	5	NA
10. Case follow-up	1	2	3	4	5	NA
11. Maintenance of case files and records	1	2	3	4	5	NA
12. Oral and written communication	1	2	3	4	5	NA



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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



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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