

Supervisee Annual Evaluation and Review

Yearly Collaborative Review

Name *

First Name Last Name

Designation & Registration # *

Designation Registration Association and Number

Evaluation Covers the following Dates *

From Date To Date:

Supervision Hours - Yearly and Cumulative *

This year Cumulative To Date:

DCC Hours - Yearly and Cumulative *

This Year Cumulative To Date:

I am aware that counselling supervision means a contractual relationship in which the counselling supervisor engages with a supervisee to: 1) Promote Professional Growth; 2) Enhance Safe and Effective Use of Self in the Therapeutic Relationship; 3) Discuss the direction of therapy (case conceptualization), and 4) Safeguard the well-being of the client.* *

I am a member in good standing with my regulatory body (college, association). *

My documentation is legible, clear, concise and accurate. *

1 2 3 4 5

Learning Level

Expert Level

Every client completes and signs an informed consent / confidentiality form.

I make every effort to complete a comprehensive Psychosocial Assessment (including risk assessment) at the beginning of the counselling relationship.

I make every effort to identify treatment goals / a plan for therapy at the beginning of the counselling relationship and revisiting on regular intervals.

I complete a session note after individual, couples, group and/or family sessions and record all in-and-out of session communications with clients and/or supervisees, including any advice or recommendations provided. Each record includes the client's name/unique identifier, date of session, counsellor signature / initials.

I am aware of the number of years I must maintain client records for in my practicing province (e.g. currently 16 years in BC, 7-10 in other provinces - check local college requirements) and records are held from the date of the last interaction or date of the client's 19th birthday, whichever is later. I keep a record when I dispose of client records, including the client's name, DOB, last session date, date of disposal of record and the name of company/way the record was disposed.

I provide an official receipt / invoice which includes a clear identification of the counsellor providing the service -including credentials/designations and membership ID#, name of client who received the service, reasonable description of the service provided, amount charged/paid - including applicable taxes, and where fees are billed to a third party, the full name and address of the third party.

I ensure my marketing (online directory listings, website, newsletters, blogs, social media platforms, pamphlets, business cards etc.) is factual, accurate, objective and verifiable. I only use credentials that I have certificates for from a legitimate training institution and designations whereby I hold membership in "good standing" with the applicable association/regulatory body.

Please indicate your skill/performance level in the below areas using the following rating scale: 1 = Learning, 2 = Some Experience, 3 = Competent, 4 = Highly Competent, 5 = Expert level. Also share a developmental goal (can be small or big) for each category over the next year or two to highlight your commitment to continuously expand your competency development in the field.

Documentation (session notes, treatment plans, out-of-session communication, etc.) *

1 2 3 4 5

Learning

Expert Level

Development Goal

Therapeutic Skills (creating a safe environment, active listening, instilling a sense of hope, therapeutic interventions, displaying unconditional positive regard) *

1 2 3 4 5

Learning Level

Expert Level

Development Goal

Case Conceptualization (utilizing a variety of modalities, interventions, and techniques; awareness of privilege and oppression; awareness of predisposing and developmental factors contributing to client issues, perpetuating patterns or coping mechanisms; formulating or hypothesizing based on client's thoughts, behaviours, and feelings.) *

1 2 3 4 5

Learning Level

Expert Level

Development Goal

Assessment (documentation of client's presenting problem; family history; social location; health status -physical, emotional, mental; drug/alcohol or addiction issues; suicidal or homicidal ideation; psychiatric diagnosis / hospitalizations (past or present); personal beliefs; relationship history; traumas or significant losses; education and career; legal issues; support systems; physical, mental, emotional symptoms; and treatment goals.) *

1 2 3 4 5

Learning Level

Expert Level

Cultural Competency: It is important to continually expand awareness of one's privilege and/or oppression, our own social locations, and how power and privilege impact the therapeutic relationship. Understanding colonialism, systemic racism (racial inferiority, superiority, microaggressions, anti-racist practices); pronouns, gender diversity, LGBTQIA2S+, neurodiversity, age, class, levels of ability, language, spiritual beliefs, historic and systemic oppression, educational, achievement, etc.; risk factors for marginalized individuals; and be able to name specific oppressions as part of the therapeutic process (rather than pathologizing the client) Integrates knowledge and adapts approach when working with diversity. Share any trends, client experiences and gaps you are interested in learning more about to continue to enhance cultural competency development. *

1 2 3 4 5

Learning Level

Expert Level

Development Goal

Handling Conflict / Client Challenge/ Repair (responds to disruptions in the therapeutic alliance in a timely fashion, including micro-aggressions, client emergencies, litigation, third-party interference, and insufficient funds) Have you had any experience where you have taken the opportunity to clarify understanding after making a presumption that a client has challenged you on? How might you repair any therapeutic ruptures to the rapport if/when this occurs in your practice? *

1 2 3 4 5

Learning Level

Expert Level

Development Goal

Safe and Effective Use of Self (SEUS): (aware of own biases & counter transference; consider own prejudices and fears around diversity; aware of cultural and systemic factors, belief systems and impact on counselling practice, aware of power dynamics involved in therapeutic relationship including personal disclosure; addresses vicarious traumatization and symptoms of burn-out.) *

1 2 3 4 5

Learning Level

Expert Level

Development Goal (eg. self-care plan for year)

Professional Responsibility: (ethical practice, adheres to legalities, defines practice policies, establishes professional will and therapist emergency absence policy, protocols for confidentiality exceptions, prompt and professional practices) *

1 2 3 4 5

Learning Level

Expert Level

Development Goal

Use of Supervision: (seeks regular, consistent supervision; honest, open and willing to disclose areas of struggle / challenge; notifies supervisor of all handlings of confidentiality exceptions; receives and utilizes feedback etc.) *

1 2 3 4 5

Learning Level

Expert Level

Development Goal

List any Professional Development Trainings, Certifications, Courses, Degrees you are planning to complete next year.

For Supervisors Only: Establish consent, contract, supervision goals, and development plan; record all communications and supervision sessions; work within supervision code of ethics and standards of practice; keep up-to-date with industry trends; maintain regular ongoing supervision (includes supervision for the supervisor); manage personal and professional stress (SEUS practices) as a practicing supervisor. Please share confirmation of these practices and any challenges, insights, or trends you have experienced this year.

1 2 3 4 5

Learning Level

Expert Level

For Supervisors Only: Please share confirmation of these practices listed above and any challenges, insights, or trends you have experienced this year.

Date Signed

Month Day Year