

**Evaluation of Student Assistance Program (SAP) Counselor**  
To be filled out by Clinical Supervisor

Name of SAP Counselor: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

Period covered by this evaluation: \_\_\_\_\_ to \_\_\_\_\_

Instructions:

1. This evaluation summarizes the SAP Counselor's performance throughout the period under consideration.
2. The evaluation should carefully appraise the SAP Counselor's performance in all categories. A written explanation for ratings should be given when the ratings are very low or very high.
3. It is the supervisor's responsibility to discuss the evaluation in detail with the SAP Counselor. Both should sign and date the form.
4. A copy of the evaluation shall be given to the SAP Counselor and the original kept in the counselor's personnel file.

Rating Categories and Definitions:

- 0-No significant opportunity to evaluate, or not applicable.
- 1-Unacceptable (unsatisfactory, never or rarely meets criteria).
- 2-Improvement needed (inconsistency in meeting required or expected standards of position; considerable supervision and/or learning needed for satisfactory performance).
- 3-Acceptable (meets expected standards and requirements most of the time).
- 4-Very good (consistently meets expected standards and requirements; performance is very good in both quality and quantity).
- 5-Outstanding (performance consistently exceeds expected standards and requirements over a sustained period).

**SECTION ONE: PRINCIPAL DUTIES AND RESPONSIBILITIES** – list items from the Job

Description, including key job duties (use additional space as needed).

(1) Principal Duty: \_\_\_\_\_ Rating:\_\_\_\_  
Develop and administer an effective referral process within the school system and/or community venue.  
Track and follow up system for youth with school alcohol, tobacco & drug policy violations.

(2) Principal Duty: \_\_\_\_\_ Rating:\_\_\_\_  
Provide school personnel with formal and informal education on recognizing and responding to alcohol, tobacco & other drug related behavior problems. (Act 51 or other ATOD trainings)

(3) Principal Duty: \_\_\_\_\_ Rating:\_\_\_\_  
Develop and deliver presentations to student, parent and teacher groups.

(4) Principal Duty: \_\_\_\_\_ Rating:\_\_\_\_  
Provide individual and/or group support and psycho-educational services regarding alcohol, tobacco, and other drugs to youth within the designated school system.

(5) Principal Duty: \_\_\_\_\_ Rating:\_\_\_\_  
Conduct informal screenings of clients referred to the Student Assistance Program and make treatment recommendations followed by appropriate referrals to external or internal resources.

(6) Principal Duty: \_\_\_\_\_ Rating:\_\_\_\_  
Participate in weekly group and/or individual supervision.

(7) Principal Duty: \_\_\_\_\_ Rating:\_\_\_\_  
Maintain appropriate data collection using authorized tracking forms and submit them in a timely manner. Distribute data to supervisors in a timely fashion (to include clinical supervisor, ADAP, in school supervisor, and any other major stakeholders).

Comment on actual achievements, strengths and areas for improvement:

## SECTION TWO: QUALITY OF WORK PERFORMED

**Job Knowledge:** Has appropriate breadth and depth of knowledge required for job performance; exhibits understanding of agency mission and values; displays operational understanding of other programs where interaction may occur; seeks and is open to new learning and growth in own field. Rating: \_\_\_

**Task Completion:** Accomplishes volume of work expected, and within appropriate time frame; takes responsibility for generating own work load; is able to work on several things at once; is flexible. Rating: \_\_\_

**Attendance and Punctuality:** Is reliable with attendance; is consistently on time for work and meetings. Rating: \_\_\_

**Organization:** Establishes appropriate priorities; works in an orderly, systematic and efficient manner to accomplish goals with available resources. Rating: \_\_\_

**Dependability:** Observes agency policies and procedures; keeps supervisor informed of activities and/or problems; is fully accountable for use of time; is flexible and adaptable. Rating: \_\_\_

**Team Work:** Works collaboratively with peers, supervisor and other managers, and community contacts; is able to maintain positive interactions in team undertakings or tasks. Rating: \_\_\_

**Communication:** Expresses needs appropriately; listens actively and effectively; shares objective information clearly and appropriately; records and reports data efficiently, effectively and in a timely manner. Rating: \_\_\_

**Problem-Solving:** Anticipates problems and plans accordingly; remains effective during crisis; takes problems to higher levels when appropriate; takes responsibility for own actions and decisions; applies effective solutions to other problems. Rating: \_\_\_

**Judgment:** Makes decisions consistent with established practice; makes logical and timely decisions; responds appropriately to work-related crisis situations; performs responsibilities with appropriate reliance on supervision; works in compliance with agency and professional ethics. Rating: \_\_\_

**Display and Respect For Diversity:** Demonstrates an understanding of and sensitivity to issues of diversity, multiculturalism and social justice. Rating: \_\_\_

**Limit Setting:** Demonstrates ability to establish clear goals and professional boundaries; manages job-related stress in a healthy and professional manner. Rating: \_\_\_

**Use of Supervision:** Participates actively in supervision and is open to feedback; takes responsibility for own learning and use of supervision; prepares and prioritizes items to bring to supervision. Rating: \_\_\_

**SECTION THREE: OBJECTIVES, GOALS AND DEVELOPMENT**

(1) Were all objectives and goals from last evaluation achieved? If not, please explain below:

(2) As a result of discussions with this employee about evaluation of current performance, list goals, objectives and/or improvement targets as well as steps to be taken and time frame for meeting the goal prior to the next evaluation period.

<u>Goals/objectives/ improvement targets</u>	<u>Strategies</u>	<u>Time Frame</u>
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**SECTION IV: SAP 'S COMMENTS (Optional)**

**SECTION V: SIGNATURES**

I have reviewed this document and discussed the contents with my Supervisor. My signature does not necessarily imply that I agree with the ratings.

\_\_\_\_\_  
SAP Counselor

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date:

Supervisor's data:  
Please **PRINT NAME:** \_\_\_\_\_

\_\_\_\_\_  
Address (where you would like to receive newsletters and current SAP information)

Supervisor's Email address: \_\_\_\_\_