



SUPERVISOR'S FEEDBACK

To: (Name & Address of Supervisor)

NOTICE TO SUPERVISOR

The person whose name appears below has applied for certification as a Counsellor with the APCB. He/she has identified you as his/her supervisor. Your kind assistance is sought to verify the individual's employment particulars, as well as his/her performance while under your supervision.

APCB assures you that strict confidentiality will be maintained of all the information that you provide in this form.

Please complete this form to the best of your knowledge and ability, and send it directly to the following address or fax:-

The Registrar
 Asia Pacific Certification Board
 10 Sinaran Drive, #09-23
 Novena Medical Centre
 Singapore 307506
 Fax: +65 63977301

Name of Applicant:		
Period under supervision:	From:	To:
Average hours worked per week:		
Average caseload per week:		

FEEDBACK FROM SUPERVISOR

Kindly provide us with your feedback on the applicant's performance while under your supervision, using the scale below, by placing a tick ✓ in the appropriate box:

5 = Strongly Agree 4 = Agree 3 = Neither Agree nor Disagree 2 = Disagree 1 = Strongly Disagree

Clinical Skills & Abilities	Your assessment					Comments
	5	4	3	2	1	
1. The applicant is competent in conducting intake screening to assess client suitability for counselling.						
2. The applicant is competent in using proper assessment tools for client screening.						
3. The applicant is able to develop a sound treatment plan for the client, anchored on information gathered during assessment, and the needs and objectives of the client.						
4. The applicant is competent in using individual counselling techniques and methods with the client.						
5. The applicant is competent in using family counselling techniques when interacting with the client's significant others.						
6. The applicant is able to establish and maintain good counsellor-client relationships.						
7. The applicant is competent in handling crisis intervention techniques.						
8. The applicant is competent in providing clients with information on substance abuse, as well as resources available for treating abuse.						
9. The applicant is competent in case management activities, marshalling available resources to manage the client's strategies in attaining agreed goals.						
10. The applicant is competent in maintaining accurate client records in a timely manner.						
11. The applicant has a good track record of being able to consult and/or work with other professionals.						

Clinical Skills & Abilities	Your assessment					Comments
	5	4	3	2	1	
12. The applicant is able to perform self-assessment on his/her own shortcomings and to accept guidance/suggestions.						
13. The applicant is able to make decisions with minimal or no supervision, and possesses initiative.						
14. The applicant should be able to fully comply with APCB's Code of Ethics.						

SUPERVISOR'S STATEMENT:

"I confirm that my evaluation above is fair and is done to the best of my knowledge."

Signed:

Date:

Name of Supervisor: _____

Name of Agency: _____

Contact Phone Number: _____

Contact email address: _____

END OF FEEDBACK FORM

THANK YOU