



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

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QUARTERLY EVALUATION FOR LSATP LICENSURE

Section 115-60-80-E-3 of the Virginia LSATP regulations requires that the applicant's supervisor provide quarterly evaluations to the resident. This form must be signed and dated by the supervisor. **This form is to be completed by the supervisor each quarter and provided to the resident to be held in their possession until they are ready to submit their licensure application.**

Name of Applicant (Last, First, Middle)		Applicant's Email Address	
SUPERVISOR'S EVALUATION:			
Supervisor's Name (Last, First)		License Number:	License Type:
Business Name and Address of Residency Work Site Where Clinical Hours Were Obtained (ONE LOCATION ONLY)			
Dates of supervision: From (mm/dd/yy): _____ To (mm/dd/yy): _____			

All Columns Must Be Completed	Hours per week	Total hours	Hours are duplicated on another supervisor's quarterly form
Total hours of supervised residency (face-to-face client contact hour + ancillary hours)			Yes No
How many <u>Face-to-face Client Contact</u> hours did the resident provide?			Yes No
Total number of <u>face-to-face client contact hours</u> in providing clinical substance abuse treatment services.			Yes No
How many <u>Individual Supervision</u> hours did the resident receive?			
How many <u>Group Supervision</u> hours did the resident receive?			
If applicable, Total number of face-to-face client contact with Couples and Families or both.			Yes No

These areas are outlined in Section 18 VAC 115-60-80 of the LSATP Regulations. The resident must have supervised residency in a supervised residency in substance abuse treatment **with various populations, clinical problems, and theoretical approaches** in the below areas.

Did the applicant provide clinical evaluations while under your direct supervision?	Yes	No
Did the applicant provide treatment planning, documentation and implementation while under your direct supervision?	Yes	No
Did the applicant provide referral and service coordination while under your direct supervision?	Yes	No
Did the applicant provide individual and group counseling and case management while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of client family and community education while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies professional and ethical responsibility while under your direct supervision?	Yes	No
Do you have any concerns about the competency of the resident? If yes, explain on separate page.	Yes	No
Supervisor's Signature: _____	Date: _____	