



### 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		
<b>SUPERVISOR'S EVALUATION:</b>				
SUPERVISOR'S NAME (LAST, FIRST)		LICENSE NUMBER:		LICENSE TYPE:
BUSINESS NAME OF RESIDENCY WORK SITE WHERE CLINICAL HOURS WERE OBTAINED (ONE LOCATION ONLY)		ADDRESS OF RESIDENCY WORK SITE WHERE CLINICAL HOURS WERE OBTAINED (ONE LOCATION ONLY)		
DATES OF SUPERVISION: FROM (MM/DD/YY): _____ TO (MM/DD/YY): _____				
<b>ALL COLUMNS MUST BE COMPLETED</b>		<b>AVG HOURS PER WEEK</b>	<b>TOTAL HOURS (For this quarter only)</b>	<b>ARE HOURS DUPLICATED ON ANOTHER FORM</b>
Total hours of supervised residency (Face-to-face client contact hour + ancillary hours)				<input type="checkbox"/> Yes <input type="checkbox"/> No
How many <u>face-to-face client contact</u> hours in providing substance abuse treatment services did the resident provide?				<input type="checkbox"/> Yes <input type="checkbox"/> No
How many <u>individual supervision</u> hours did the resident receive?				<b>MUST HAVE A MIN. OF 1 AND MAX. OF 4 HOURS PER 40 HOURS OF EXPERIENCE.</b>
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.				<input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>with various populations, clinical problems, and theoretical approaches</b> in the below areas.				
Did the applicant provide <b>clinical evaluations</b> while under your direct supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant provide <b>treatment planning, documentation and implementation</b> while under your direct supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant provide <b>referral and service coordination</b> while under your direct supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant provide <b>individual and group counseling and case management</b> while under your direct supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies in <b>client family and community education</b> while under your direct supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies in <b>professional and ethical responsibility</b> while under your direct supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about the competency of the resident? If yes, explain on separate page.				<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS:				
Resident's Signature:			Date:	
Supervisor's Signature:			Date:	