

## Competency-Based Supervisee Evaluation Form

*Behaviorally Anchored Ratings + Narrative Evidence (Competency-Based Supervision model; Falender & Shafranske, 2021)*

**Supervisor:** \_\_\_\_\_ Credentials/License: \_\_\_\_\_

**Supervisee:** \_\_\_\_\_ Credential/Track: \_\_\_\_\_

**Setting/Program:** \_\_\_\_\_ Evaluation Period:\*\* // \_\_\_\_ to // \_\_\_\_

**Client Population/Modalities:** \_\_\_\_\_

**Supervision Format/Frequency:** \_\_\_\_\_

### Data Sources Used (check all):

- Case discussion  Chart review  Live observation  Audio/video review (consented)  Co-therapy
- Standardized measures/outcomes  Client feedback  Interdisciplinary consultation  Other: \_\_\_\_\_

### Instructions

Rate each competency using the **Behaviorally Anchored Rating Scale (BARS)** below. Provide **specific narrative evidence** (observable behaviors, examples, dates, case references de-identified). Conclude with strengths, prioritized growth targets, and an action plan.

### Behaviorally Anchored Rating Scale (BARS)

**1 – Needs Remediation (unsafe/inconsistent):** Frequent errors, missed obligations, or requires intensive oversight.

**2 – Developing (inconsistent):** Partial skill; needs frequent prompting, structure, or corrective feedback.

**3 – Competent for Level (consistent):** Performs reliably with routine supervision; recognizes limits.

**4 – Advanced (independent/nuanced):** Integrates skills flexibly; anticipates issues; minimal prompting.

**5 – Exemplary (model/teaches others):** Consistently high-level performance; coaches peers; demonstrates leadership.

**N/O – Not Observed** during this period.

### A. Core Professional Competencies

#### 1) Professionalism & Professional Identity

**Rating:** 1 2 3 4 5 N/O



**Behavioral anchors:**

- **1:** Chronic lateness, boundary concerns, unreliable follow-through, defensiveness.
- **3:** Prepared, punctual, accountable; maintains role boundaries; communicates appropriately.
- **5:** Serves as a model of professionalism; elevates team functioning; anticipates ethical/risk issues.

**Narrative evidence (facts/examples):****Strengths:** \_\_\_\_\_ **Growth Targets:** \_\_\_\_\_**2) Ethical, Legal, and Regulatory Practice (Risk Management)****Rating:** 1 2 3 4 5 N/O**Anchors:**

- **1:** Misses mandated reporting/risk procedures; documentation/billing ethics concerns.
- **3:** Applies ethics codes/laws; consults appropriately; follows reporting and crisis protocols.
- **5:** Proactively identifies complex ethical conflicts; uses structured decision-making; mentors others.

**Narrative evidence:****3) Reflective Practice, Self-Awareness, and Use of Supervision****Rating:** 1 2 3 4 5 N/O**Anchors:**

- **1:** Limited insight; externalizes feedback; repeats errors without learning plan.
- **3:** Self-monitors; integrates feedback; identifies learning edges; seeks consultation when needed.
- **5:** Demonstrates sophisticated reflection (process + outcome); independently adjusts practice and tracks impact.

**Narrative evidence:****4) Multicultural Orientation, Equity, and Responsiveness****Rating:** 1 2 3 4 5 N/O**Anchors:**

- **1:** Minimizes culture/context; uses stereotypes; misses power dynamics/identity impacts.
- **3:** Routinely integrates culture, identity, systemic factors; invites client meaning-making; repairs ruptures.
- **5:** Demonstrates advanced cultural humility; actively addresses inequities and advocates appropriately within systems.

**Narrative evidence:**

### 5) Relational Competence: Therapeutic Alliance, Boundaries, and Rupture-Repair

Rating: 1 2 3 4 5 N/O

**Anchors:**

- **1:** Alliance problems; boundary drift; avoids rupture repair.
- **3:** Establishes collaborative alliance; maintains boundaries; uses repair strategies effectively.
- **5:** Consistently strong alliance across complex presentations; sophisticated rupture tracking and repair.

**Narrative evidence:**

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### B. Clinical Competencies

#### 6) Assessment, Diagnosis, and Case Conceptualization

Rating: 1 2 3 4 5 N/O

**Anchors:**

- **1:** Incomplete assessment; inconsistent diagnosis; conceptualization unclear or unsupported.
- **3:** Conducts appropriate biopsychosocial assessment; differential considerations; coherent formulation guiding treatment.
- **5:** Integrates complex data (comorbidity, risk, culture, systems); updates formulation responsively; teaches reasoning.

**Narrative evidence:**

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#### 7) Treatment Planning, Goals, and Measurable Outcomes

Rating: 1 2 3 4 5 N/O

**Anchors:**

- **1:** Vague goals; limited measurement; plan not linked to problems/diagnosis.
- **3:** SMART goals; functional targets; uses measures/progress monitoring; revises plan as needed.
- **5:** Highly individualized plans; sophisticated outcomes strategy; demonstrates clinical utility and payer compliance.

**Narrative evidence:**

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#### 8) Intervention Skills and Evidence-Informed Practice

Rating: 1 2 3 4 5 N/O

**Anchors:**

- **1:** Limited skill application; poor fit to presenting problem; inconsistent session structure.
- **3:** Uses evidence-informed interventions with fidelity and flexibility; appropriate pacing; monitors response.
- **5:** Integrates advanced interventions; handles complexity (comorbidity/trauma) with excellent timing and precision.

**Narrative evidence:**

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### 9) Crisis Intervention and Safety Planning (as applicable)

**Rating:** 1 2 3 4 5 N/O

**Anchors:**

- **1:** Misses risk indicators; lacks structured safety planning; delays consultation.
- **3:** Conducts competent risk assessment; documents; collaborates on safety plan; follows protocols.
- **5:** Manages high-risk cases with exemplary structure; anticipates escalation; coordinates care effectively.

**Narrative evidence:**

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### 10) Documentation, Medical Necessity, and Compliance (EHR/Workflow)

**Rating:** 1 2 3 4 5 N/O

**Anchors:**

- **1:** Late/incomplete notes; unclear medical necessity; compliance/billing vulnerabilities.
- **3:** Timely, accurate notes; clear necessity; appropriate CPT alignment; maintains confidentiality.
- **5:** Documentation is consistently audit-ready; improves team documentation quality; identifies systemic workflow fixes.

**Narrative evidence:**

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### 11) Consultation, Collaboration, and Interdisciplinary Practice

**Rating:** 1 2 3 4 5 N/O

**Anchors:**

- **1:** Avoids consultation; communication issues with team; poor follow-through.
- **3:** Consults appropriately; communicates clearly; coordinates referrals and collateral contacts per policy.
- **5:** Leads collaborative care; navigates complex systems; strengthens continuity of care; models consultative stance.

**Narrative evidence:**

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## C. Professional Functioning and Sustainability

### 12) Caseload Management, Time Management, and Reliability

**Rating:** 1 2 3 4 5 N/O

**Anchors:**

- **1:** Frequent missed deadlines; disorganization affects client care.
- **3:** Manages caseload demands; meets deadlines; uses supervision to triage complexity.
- **5:** Efficient, proactive systems; supports team flow; anticipates bottlenecks and mitigates risk.

**Narrative evidence:**

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**13) Self-Care, Impairment Prevention, and Professional Resilience**

**Rating:** 1 2 3 4 5 N/O

**Anchors:**

- **1:** Signs of impairment unmanaged; boundaries with work/rest compromised; avoids discussing impact.
- **3:** Recognizes stress signals; uses coping plan; seeks consultation; maintains ethical self-monitoring.
- **5:** Strong resilience plan; models sustainable practice; supports healthy team culture.

**Narrative evidence:**

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**Summary and Development Plan**

**Overall Competency Summary (Supervisor)**

**Top Strengths (2–4):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Priority Growth Targets (1–3):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Narrative Evidence Highlights (brief, de-identified)**

- Example 1 (date/context/behavior/outcome):  
\_\_\_\_\_
- Example 2:  
\_\_\_\_\_
- Example 3:  
\_\_\_\_\_

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**Competency Development Action Plan (next review period)**

For each target, specify **Behavior, Metric, Intervention/Support, Timeline, and Evidence.**

**Target #1:** \_\_\_\_\_

- **Behavioral goal:**  
\_\_\_\_\_
- **Metric (how measured):**  
\_\_\_\_\_
- **Supervisor supports/interventions:**  role-play  live observe  note audit  readings  skills drill  other: \_\_\_\_\_
- **Timeline:** \_\_\_\_\_
- **Evidence to review next time:**  
\_\_\_\_\_

**Target #2:** \_\_\_\_\_



- Behavioral goal: \_\_\_\_\_
- Metric: \_\_\_\_\_
- Supports: \_\_\_\_\_
- Timeline: \_\_\_\_\_
- Evidence: \_\_\_\_\_

**Target #3 (optional):** \_\_\_\_\_

- Behavioral goal: \_\_\_\_\_
- Metric: \_\_\_\_\_
- Supports: \_\_\_\_\_
- Timeline: \_\_\_\_\_
- Evidence: \_\_\_\_\_

**Evaluation Decision (if required by program)**

**Current standing:**  Meets expectations  Meets with conditions  Needs remediation plan  
 Not meeting expectations

**Remediation Plan Attached:**  Yes  No

**Next Formal Evaluation Date:** // \_\_\_\_\_

**Signatures**

**Supervisor Signature:** \_\_\_\_\_ **Date:** // \_\_\_\_\_

**Supervisee Signature:** \_\_\_\_\_ **Date:** // \_\_\_\_\_

*Signature indicates receipt and discussion of evaluation (not necessarily agreement).*

