

FORM (S.3) –DELINEATION OF RESPONSIBILITIES
CONFIDENTIAL

To be completed by clinical supervisor

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant's Name: _____

Guidelines for Supervisor Evaluation:

A. Please indicate the percent of employee/volunteer time spent on the duties listed below as completed by the applicant in his/her work with gambling disordered clients or address problem gambling/impact of gambling during an average work week.

B. Please rank, in the performance column, the applicant's ability to perform the following duties. The 5 Point Scale may seem somewhat subjective to you as you attempt to rate the applicant. Please use the following guidelines to help you:

- (5) - the counselor is significantly above average in mastery of the skills required.
- (4) - the counselor meets competency requirements with respect to the criteria involved.
- (3) - the counselor meets the minimal level of competency with respect to the criteria involved. This rating implies that, although the performance is satisfactory, further development, growth, or improvement is required.
- (2) - the counselor is not meeting the required standard of competency required.
- (1) - "Don't Know"

<u>Duties</u>	<u>% of Time</u>	<u>Performance</u>
1. Outreach	_____	_____
2. Assessment	_____	_____
3. Intake	_____	_____
4. Individual Counseling	_____	_____
5. Family Counseling	_____	_____
6. Group Counseling	_____	_____
7. Client Education	_____	_____
8. Referrals to Other Resources	_____	_____
9. Client Record Keeping	_____	_____
10. Aftercare Services	_____	_____
11. Client Follow-up	_____	_____
12. Administrative Responsibilities	_____	_____
13. Community Activities (<i>lectures, workshops, etc.</i>)	_____	_____
14. Research	_____	_____
15. Program Management	_____	_____
16. Medical Recommendations & Treatment	_____	_____
17. Other (specify)_____	_____	_____

Total time spent, weekly on duties: _____

_____ I have reservations of applicant meeting ICGC standards. If yes, state reasons on the back of this form or in an attachment.

Name and title of supervisor (please print): _____

Supervisor's Signature: _____ **Date:** ____/____/____

Return forms **S.1, S.2, S.3, and S.4** DIRECTLY to:

International Gambling Counselor Certification Board
730 11th Street, NW Suite 601 ♦ Washington DC 20001