COMPETENCY CHECKLIST—CLINICAL THERAPIST

This form is to be completed by the supervisee, and reviewed with the Clinical Manager or Licensure Supervisor supervising the position. MUST INCLUDE TRANSCRIPT OF GRADUATE TRAINING ATTACHED (Unofficial copy okay).

NAME: **PROGRAM or TEAM(S):**

Job title:

Complete the following items by checking the box that best describes your competency in each area.

- **Training means graduate level coursework or postgraduate continuing education**.
- **Experience means supervised practice in a graduate practicum or postgraduate work placementsufficient to support independent practice**.

SKILL AREA	**Graduate training OR Continuing Education**	**Supervised Post-grad work experience**	**Neither training nor experience**	**COMMENTS for Supervisor Review**
Psychosocial Assessment				
Diagnostic & Statistical Manual				
Treatment Planning				
Mental Status Examination				
Risk Assessment (danger to self or others)				
Assessment & report of suspected neglect or abuse-Child				
Assessment & report of suspected neglect or abuse-Vulnerable Adult				
Substance Use Assessment & Diagnosis				
Substance Use Treatment				
ASAM Risk & placement system				
Developmental Assessment-Child				
Diversity issues in Assessment and Treatment				
Individual therapy—child				
Individual therapy—adolescent				
Individual therapy—adult				
Group therapy—child				
Group therapy—adolescent				
Group therapy--adult				
Family therapy				
Couples therapy				
Therapeutic boundaries				
Human development--lifespan				
Trauma Informed Assessment and treatment (ARC model, etc.)				

OTHER TRAINING AREAS (include any certifications such as EMDR, DBT, CADAC, etc.):

SPECIFIC CLINICAL GRADUATE COURSEWORK: Please attach a copy of your graduate transcripts (unofficial copy okay for interview purposes).

GRADUATE PRACTICUM PLACEMENTS: Please list each of your completed practicum placements.

LOCATION	HRS per WK	FROM : TO Mont/year	SUPERVISOR	# Cases carried	Supervisor comments

List any incomplete placements, and explain reason:

FOR SUPERVISOR COMMENT: List areas of practice requiring didactic training and/or close supervision, and practice areas that should not be assigned:

_____ _____

Supervisee signature Date Supervisor signature Date