

FINANCIAL THERAPY SUPERVISION EVALUATION

Supervisee Name _____ Date of Evaluation _____

Completed by _____ Title _____

CIRCLE THE NUMBER THAT IS THE MOST APPLICABLE		REQUIRES INTERVENTION	NEEDS IMPROVEMENT	MEETS EXPECTATIONS	ABOVE EXPECTATIONS	EXCEEDS EXPECTATIONS
GENERAL SUPERVISION						
1	Demonstrates a personal commitment in developing professional competencies.	1	2	3	4	5
2	Invests time and energy in becoming a proficient therapist.	1	2	3	4	5
3	Accepts and uses feedback to enhance self-development and counseling skills.	1	2	3	4	5
4	Engages in open, comfortable, and clear communication with supervisor.	1	2	3	4	5
5	Recognizes own competencies and skills and shares these with supervisor.	1	2	3	4	5
6	Completes case reports and records punctually and conscientiously.	1	2	3	4	5
7	Actively seeks feedback and consultation from supervisor.	1	2	3	4	5
8	Recognizes own deficiencies and actively works to overcome them with peers and supervisor.	1	2	3	4	5

THE ADMINISTRATIVE COUNSELING PROCESS						
9	Researches the referral prior to intake.	1	2	3	4	5
10	Keeps appointments on time, minimal cancels/reschedules.	1	2	3	4	5
11	Schedules intake promptly.	1	2	3	4	5
12	Explains the nature and objective of services when necessary.	1	2	3	4	5
13	Communicates interest in and acceptance of clients.	1	2	3	4	5
14	Refers to clients in a strength-based manner.	1	2	3	4	5

THE COUNSELING PROCESS						
15	Facilitates clients' expressions of concerns and feelings.	1	2	3	4	5
16	Focuses on the contents of the client's problems.	1	2	3	4	5
17	Recognizes clients' manipulation and handles it appropriately.	1	2	3	4	5
18	Is aware of own feelings during sessions.	1	2	3	4	5
19	Communicates own feelings to client when appropriate (immediacy).	1	2	3	4	5
20	Uses self-disclosure appropriately.	1	2	3	4	5
21	Facilitates realistic goals with clients.	1	2	3	4	5
22	Completes realistic treatment plans, within a timely manner.	1	2	3	4	5
23	Indicates periodic evaluation of goals and processes during services.	1	2	3	4	5
24	Terminates clients appropriately.	1	2	3	4	5

CIRCLE THE NUMBER THAT IS THE MOST APPLICABLE		REQUIRES INTERVENTION	NEEDS IMPROVEMENT	MEETS EXPECTATIONS	ABOVE EXPECTATIONS	EXCEEDS EXPECTATIONS
THE CONCEPTUALIZATION PROCESS						
25	Focuses on specific behaviors and their consequences.	1	2	3	4	5
26	Recognizes and pursues descriptions and meaning of inconsistent information.	1	2	3	4	5
27	Uses relevant case data in planning both immediate and long-range goals.	1	2	3	4	5
28	Uses relevant case data in considering various strategies and their implications.	1	2	3	4	5
29	Discusses case data with supervisor when developing goals.	1	2	3	4	5
30	Recognizes personal bias and addresses as needed.	1	2	3	4	5
31	Demonstrates understanding of ethical standards with cases.	1	2	3	4	5

FUNDAMENTALS OF FINANCIAL THERAPY						
32	Provides psychoeducation of money healing and money strategies as appropriate.	1	2	3	4	5
33	Engages client in psychology of money from emotional, relational, behavioral and cognitive lenses.	1	2	3	4	5
34	Incorporates therapeutic and somatic coping skills into money work as appropriate.	1	2	3	4	5
35	Engages client with empathy, curiosity, and compassion.	1	2	3	4	5
36	Identifies client money beliefs and money scripts for deeper processing.	1	2	3	4	5
37	Remains aware of personal biases and beliefs around money and engages in own financial work as appropriate.	1	2	3	4	5
38	Screens for indicators of financial manipulation including financial enabling, financial control, and financial abuse.	1	2	3	4	5
39	Explores client financial flashpoints and financial traumas as appropriate.	1	2	3	4	5
40	Supports therapeutic goal-setting in alignment with client values.	1	2	3	4	5
41	Demonstrates a clear understanding of a client's financial circumstances.	1	2	3	4	5
42	Follows a fiduciary standard of care regarding Financial Needs Analysis, Financial Advice, and client advocacy.	1	2	3	4	5
43	Embodies the scope of the relationship between professional and client and has disclosed this scope to the client.	1	2	3	4	5

Additional Feedback _____

Supervisor Signature _____ Date _____

By signing this form, I am indicating that I have read this report and have discussed its content with my supervisor.

Supervisee Signature _____ Date _____