



### Mental Health Professional Supervisor Report

(Please duplicate this form for future use)

Date: \_\_\_\_\_ Month submitted for: \_\_\_\_\_ Licensee: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Is a Regulatory License Required for this Position:  Yes  No

Are Certifications Required for this Position:  Yes  No

License(s) Required: \_\_\_\_\_

Certifications Required: \_\_\_\_\_

Report for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_

Please attach explanation for any false answers.

**True**      **False**

- 1. This licensee is employed in a capacity for which a license is required by statute.
- 2. The licensee is working \_\_\_\_\_ (number of) hours per week.
- 3. Supervision is provided by another licensed mental health professional who has no license restrictions.
- 4. In the supervisor's opinion, this licensee is practicing consistent with standards of practice.
- 5. The supervisor has not noted evidence of alcohol or other substance use.
- 6. The supervisor received a copy of the Rehabilitation Contract and board documentation (if applicable).

Please describe the duties and responsibilities to be carried out by the Licensee. Please attach current job description. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the type of direct supervision provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Licensee: \_\_\_\_\_

**BEHAVIORAL PERFORMANCE GUIDELINES** - All employees, at some time, display job performance problems. An isolated incident of coming to work late need not be a cause for alarm. However, when a Licensee displays a pattern of repeated job performance decline, the supervisor needs to take notice and report it to Peer Assistance Services, Inc. Use the checklist below to determine if there are job performance problems.

**Decline in Job Efficiency**

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Decrease in overall work quality                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Inconsistent work quality (periods of high and/or low productivity) |
| <input type="checkbox"/> | <input type="checkbox"/> | Errors in judgment  |
| <input type="checkbox"/> | <input type="checkbox"/> | Increased period of confusion                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Lack of concentration   |
| <input type="checkbox"/> | <input type="checkbox"/> | Unrealistic excuses for lowered work quality                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Missed deadlines  |
| <input type="checkbox"/> | <input type="checkbox"/> | Increased carelessness/mistakes                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Tasks taking excessive time to complete or never being completed    |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty handling complex tasks                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of memory  |

**Inconsistent Work Patterns**

- | <b>Yes</b>               | <b>No</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Alternate periods of high and low efficiency |
| <input type="checkbox"/> | <input type="checkbox"/> | Becoming or has become less dependable       |
| <input type="checkbox"/> | <input type="checkbox"/> | Doing minimal or substandard work            |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent requests for help with assignments  |

**Absenteeism**

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Repeated absenteeism (above average)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Pattern of Monday and Friday absenteeism or absenteeism centered around scheduled days off    |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive tardiness (Monday and Friday) or after days off                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Leaving work early  |
| <input type="checkbox"/> | <input type="checkbox"/> | Repeated absenteeism due to vaguely defined illnesses, "not feeling well," "cold," "headache" |
| <input type="checkbox"/> | <input type="checkbox"/> | Unauthorized leave  |
| <input type="checkbox"/> | <input type="checkbox"/> | Last minute request for leave   |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive use of sick leave   |

**On-the-Job Absenteeism**

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Extended lunch breaks   |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical illnesses developed on the job                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Unexplained disappearances on the job (never finding him/her when needed) |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive breaks, trips to bathroom or to water fountain                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Vacant look on the job  |

Licensee: \_\_\_\_\_

**Attitude/Mood**

- | Yes                      | No                       |                              |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Dramatic mood shifts         |
| <input type="checkbox"/> | <input type="checkbox"/> | Tendency to isolate          |
| <input type="checkbox"/> | <input type="checkbox"/> | Irritability                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Secretiveness/suspiciousness |
| <input type="checkbox"/> | <input type="checkbox"/> | Crying                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Inflexibility                |

**Physical/Emotional Problems**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Changes in physical/emotional condition during shift        |
| <input type="checkbox"/> | <input type="checkbox"/> | Marked nervousness on the job                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive sweating  |
| <input type="checkbox"/> | <input type="checkbox"/> | Tremors of hands  |
| <input type="checkbox"/> | <input type="checkbox"/> | Lack of attention to personal cleanliness or grooming       |
| <input type="checkbox"/> | <input type="checkbox"/> | Reports to duty despite physical/emotional contraindication |

**Impaired Interpersonal Relationships**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent arguments with co-workers  |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive blaming of others   |
| <input type="checkbox"/> | <input type="checkbox"/> | Unwillingness to cooperate with co-workers or inability to compromise                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Over-reactions to co-workers  |
| <input type="checkbox"/> | <input type="checkbox"/> | Wide swings in mood from isolation to angry outbursts                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoids contact with supervisor  |
| <input type="checkbox"/> | <input type="checkbox"/> | Complaints by client or co-workers of irritability, physical roughness, or verbal abuse |

**Other Areas**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive time spent making personal telephone calls |
| <input type="checkbox"/> | <input type="checkbox"/> | Physically threatening                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive talkativeness                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Grandiosity (exaggerated self-importance)            |

**Difficulty in Concentration**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Assignment takes more time (despite skill/experience)               |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty in assigning priorities                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Omitted, illogical, incomplete, or illegible charting               |
| <input type="checkbox"/> | <input type="checkbox"/> | Deteriorating handwriting during shift or deteriorating performance |
| <input type="checkbox"/> | <input type="checkbox"/> | Errors in transcribing orders or taking verbal orders               |
| <input type="checkbox"/> | <input type="checkbox"/> | Overlooking signs of a client's deteriorating condition             |

Licensee: \_\_\_\_\_

Comment on any areas checked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note in narrative form any changes that you have observed in this licensee since they have participated in the Peer Assistance Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any knowledge or concern regarding this licensee's inability to practice with reasonable skill and safety must be reported to Peer Assistance Services, Inc. within 24 hours at 303-369-0039. Notification of the commencement or termination should be made within 72 hours

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name (Please Print)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone #

Email Address: \_\_\_\_\_

**Email:** reports@peerassist.org

**Reports may be submitted via:**

**Fax:** Last name A-L 720.213.1007  
Last Name M-Z 720.213.0002

**Mail:** Peer Assistance Services  
2170 S. Parker Road, Suite 229  
Denver, CO 80231

**In Person:** Peer Assistance Services, Inc.  
2170 S. Parker Road, Suite 229  
Denver, CO 80231

or Peer Assistance Services, Inc.  
200 Grand Avenue, Suite 270  
Grand Junction, CO 81501