

WEB FORM B
SUPERVISOR OR PEER RATING FORM OF HELPER EXPLORATION SKILLS

Date: _____ Name of helper: _____ Name of observer: _____

Instructions: A supervisor or peer should complete this measure after watching the helper conduct a helping session. Please note that probably not all of the skills listed will be used at this point.

	<u>Used skill?</u>		If used, was it used . . .					<u>Example</u>
			<u>Inappropriately</u>			<u>Appropriately</u>		
Attending	Y	N	1	2	3	4	5	_____
Listening	Y	N	1	2	3	4	5	_____
Restatement	Y	N	1	2	3	4	5	_____
Open question	Y	N	1	2	3	4	5	_____
Reflection of feelings	Y	N	1	2	3	4	5	_____
Approval/reassurance	Y	N	1	2	3	4	5	_____
Closed question	Y	N	1	2	3	4	5	_____
Silence	Y	N	1	2	3	4	5	_____
Challenge	Y	N	1	2	3	4	5	_____
Interpretation	Y	N	1	2	3	4	5	_____
Self-disclosure	Y	N	1	2	3	4	5	_____
Immediacy	Y	N	1	2	3	4	5	_____
Information	Y	N	1	2	3	4	5	_____
Direct guidance	Y	N	1	2	3	4	5	_____

Strengths of helper (list at least two):

1. _____
2. _____

Areas needing improvement (list at least two):

1. _____
2. _____

Comments: _____
