

REACH Peer Effectiveness Rating

Name of Peer: _____

Date: _____

Supervisor: _____

Number of clients seen by peer for:

Relaxation training _____

Social skills _____

Mindfulness _____

Time management _____

Other _____

Please specify: _____

5=Excellent 4=Very Good 3=Adequate 2=Below Expectations 1=Unacceptable

Using the scale above, please rate your REACH peer on the following:

_____ 1. Punctuality, dependability and consistency

_____ 2. Professional appearance and demeanor

_____ 3. Ability to empathize

_____ 4. Degree of unconditional regard for others

_____ 5. Sense of authenticity

_____ 6. Basic listening skills

_____ 7. Level of appropriate self-disclosure

_____ 8. Basic skill development

Relaxation training _____

Social skills _____

Mindfulness _____

Time management _____

Other _____

Please specify: _____

_____ 9. Record keeping (consultation forms)

_____ 10. Receptiveness to supervision

Summarize the REACH peer's strengths:

Identify specific areas in need of further development:

Other comments:

Reach Peer

Supervisor

Date