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