

Sexual Partner Counseling and Referral - Counselor Evaluation Form



Dear Supervisor/Trainer,

Your subordinate has completed the SHARP course "Sexual Partner Counseling and Referral".

To validate these new skills, provide helpful feedback, and ensure quality in this task, we encourage you to observe a counseling session. Use this form (and the PCRS *Desktop Assistant*) to conduct and document your evaluation of the first 5 (of 11) steps in the process.

When you are satisfied the counselor has demonstrated competence, sign and send the form to NEHC-HP-SHARP. Your subordinate will receive a SHARP lapel pin as certification of their skills. We also encourage periodic supervisory evaluations to ensure continuous improvement and quality, as recommended by the CDC.

Supervisor/Trainer name and command:	Counselor name and mailing address:
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Date:	Supervisor/Trainer signature:
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<i>Did the counselor adhere to the 3 counseling concepts?</i>	yes	no	<i>Did the counselor positively demonstrate the 4 counseling skills?</i>	yes	no
- PCRS is voluntary			- Open-ending Questions		
- Providers must protect confidentiality			- Focus on Feelings		
- PCRS is on-going			- Manage Discomfort		
			- Set Boundaries		

<i>Did the Counselor cover the 5 steps of "Working with Clients"?</i>		yes	no
- Transition	Did the counselor transition into partner notification appropriately and effectively?		
- Partner Referral Options	Did the counselor explain the 4 options and ask how the client/patient wants to notify partners? Options: Provider referral; Client referral; Dual Referral; Contract Referral		
- Elicit Partner Information	Did the counselor effectly elicit all partners and gather identifying, exposure and locating information?		
- Referral Plan and Coaching	Did the counselor prepare the client/patient to accurately and effectively inform their partners?		
- Summarize	Did the counselor summarize the referral plans, offer and arrange follow-up, and keep the door open to further discussion?		

PCRS 11-Step Model

