

OKLAHOMA BOARD OF NURSING
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Website: <http://www.oklahoma.gov/nursing>

COUNSELOR REPORT
LICENSEE'S PROGRESS EVALUATION

Licensee: _____ Report for month(s) _____

Please rate Licensee by circling the appropriate number. Excellent < 5- 4- 3- 2- 1 > Poor
Comments are required for any ratings below 3. Additional space is available for comments on page 2.

1. Willingness to behavioral change Comments:	5	4	3	2	1
2. Support systems Comments:	5	4	3	2	1
3. Problem solving ability Comments:	5	4	3	2	1
4. Cognitive functioning Comments:	5	4	3	2	1
5. Judgment Comments:	5	4	3	2	1
6. Ability to cope with stressful situations Comments:	5	4	3	2	1
7. Decision making ability during a crisis Comments:	5	4	3	2	1
8. General appearance Comments:	5	4	3	2	1
9. Affect/Mood Comments:	5	4	3	2	1
10. Client's understanding & integration of need for counseling/rehabilitation Comments:	5	4	3	2	1

11. Attendance at sessions Comments:	5	4	3	2	1
12. Compliance with recommended treatment regimen Comments:	5	4	3	2	1
13. Progress in treatment Comments:	5	4	3	2	1
14. Social skills/interactions Comments:	5	4	3	2	1
15. Stability in recovery, if applicable Comments:	5	4	3	2	1

Comments/Recommendations: _____

 Name (Please type or print)

 Date

 Provider's signature

 Phone #

 Provider's address (Street/State/Zip Code)

**Send completed form directly to the Oklahoma Board of Nursing.
 The completed form must be mailed or faxed by the Counselor's office only.
 If you have any questions, please call the Oklahoma Board of Nursing at (405) 962-1827.**