



## Career Worksheet for COUNSELING POSITIONS

**Congratulations!** You have made the first, most important step towards advancing your career. The worksheet you are about to complete is a profession-specific assessment tool, which covers all of your skills, employment, responsibilities, and achievements. In order to serve you best, each answer must be completed thoroughly. This worksheet will also help prepare you for upcoming interviews.

### Sample Position Titles

Direct Care Counselor  
Mental Health Counselor  
Therapist

Drug & Alcohol Rehabilitation Specialist  
Senior Counselor  
Other Related Positions

Habilitation Specialist  
Substance Abuse Counselor

### Instructions

1. Complete all answers thoroughly. Form fields allow unlimited information. If a question is not relevant, type "N/A".
2. Please use upper and lower case as appropriate, and do not use abbreviations.
3. When complete, save a copy of your completed worksheet to your hard drive, and e-mail it back to us.

### Personal Information

Name:	E-Mail Address:
Street Address:	Town, State, Zip:
Home Phone:	Business Phone (if okay to call):
Cellular Phone:	Fax:
Last Position Title:	Position(s) Sought:
Most Recent Salary: \$	Salary You are Seeking: \$

### Employment Information

List your current and former jobs starting with the most recent. (You will use the respective job numbers later.) Then list the primary functions you performed at each of those positions.

Job No.	Position Title	Company, City, State	Type of Firm	Start Date/Year	End Date/Year
1	<i>Primary Job Functions:</i>				
2	<i>Primary Job Functions:</i>				
3	<i>Primary Job Functions:</i>				
4					

	<i>Primary Job Functions:</i>			
<b>5</b>				
	<i>Primary Job Functions:</i>			

## Areas of Expertise (Keywords)

Place one "X" before all areas of expertise in which you are knowledgeable.

Place "XX" before all areas in which you are highly proficient and they directly target your profession.

### COUNSELING & SOCIAL WORK – GENERAL

- |                                                                |                                                               |                                                              |
|----------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Advocacy & Linkage                    | <input type="checkbox"/> At-risk Clients/Students             | <input type="checkbox"/> Behavioral Management               |
| <input type="checkbox"/> Behavioral Modification               | <input type="checkbox"/> CSE Process                          | <input type="checkbox"/> Casework                            |
| <input type="checkbox"/> Case Management                       | <input type="checkbox"/> Child Abuse Recognition              | <input type="checkbox"/> Child Protective Services           |
| <input type="checkbox"/> Child Preventive Services             | <input type="checkbox"/> Client Problem-Solving Sessions      | <input type="checkbox"/> Child Protective Services           |
| <input type="checkbox"/> Client Needs Assessment               | <input type="checkbox"/> Client Placement                     | <input type="checkbox"/> Coaching & Motivating Others        |
| <input type="checkbox"/> Community Resources                   | <input type="checkbox"/> Conflict Resolution                  | <input type="checkbox"/> Counseling                          |
| <input type="checkbox"/> CSE Process                           | <input type="checkbox"/> Crisis & Suicide Intervention        | <input type="checkbox"/> Cultural Diversity & Sensitivity    |
| <input type="checkbox"/> Developing Proactive                  | <input type="checkbox"/> Counseling Plans                     | <input type="checkbox"/> Diagnostic Assessments & Evaluation |
| <input type="checkbox"/> Discharge Planning                    | <input type="checkbox"/> Discharge Summary Preparation        | <input type="checkbox"/> Eligibility Determination           |
| <input type="checkbox"/> Family Violence                       | <input type="checkbox"/> Instruction                          | <input type="checkbox"/> Goal Planning                       |
| <input type="checkbox"/> Grant Proposal Development            | <input type="checkbox"/> Health Care Coverage                 | <input type="checkbox"/> Home Care                           |
| <input type="checkbox"/> Homelessness Prevention               | <input type="checkbox"/> House Management                     | <input type="checkbox"/> Housing Coordination                |
| <input type="checkbox"/> Independent Living Skills Training    | <input type="checkbox"/> Independent Living Skills Assessment | <input type="checkbox"/> Individualized Education Plans      |
| <input type="checkbox"/> Individualized Treatment Plans        | <input type="checkbox"/> Integrated Services                  | <input type="checkbox"/> Interdisciplinary Treatment         |
| <input type="checkbox"/> Team Member                           | <input type="checkbox"/> Interpersonal & Family Work          | <input type="checkbox"/> Intensive Case Management           |
| <input type="checkbox"/> Inpatient Services                    | <input type="checkbox"/> Life Skills Training                 | <input type="checkbox"/> Mediation of Peer Conflicts         |
| <input type="checkbox"/> Medication Compliance                 | <input type="checkbox"/> MICA & Substance Abuse               | <input type="checkbox"/> Multicultural Environments          |
| <input type="checkbox"/> Multi-Interdisciplinary Team          | <input type="checkbox"/> Outpatient Services                  | <input type="checkbox"/> Parent Consultations                |
| <input type="checkbox"/> Parent Workshops & Skills Training    | <input type="checkbox"/> Personal Accounts, care of           | <input type="checkbox"/> Pet Therapy                         |
| <input type="checkbox"/> Petty Cash Accounts                   | <input type="checkbox"/> PINS Petitions                       | <input type="checkbox"/> Proactive Counseling                |
| <input type="checkbox"/> Plan Development                      | <input type="checkbox"/> Program Coordination                 | <input type="checkbox"/> Program Development                 |
| <input type="checkbox"/> Provider Systems                      | <input type="checkbox"/> Psychological Assessments            | <input type="checkbox"/> Psychoanalysis                      |
| <input type="checkbox"/> Psychology                            | <input type="checkbox"/> Psychosocials                        | <input type="checkbox"/> Public Speaking                     |
| <input type="checkbox"/> Recognizing                           | <input type="checkbox"/> At-risk Students                     | <input type="checkbox"/> Recordkeeping                       |
| <input type="checkbox"/> Recreation Therapy                    | <input type="checkbox"/> Referral Servicing                   | <input type="checkbox"/> Resource Linkage                    |
| <input type="checkbox"/> Resource Location                     | <input type="checkbox"/> Self-Help & Empowerment              | <input type="checkbox"/> Self-Improvement Goals              |
| <input type="checkbox"/> Social Service Problems Resolution    | <input type="checkbox"/> Social Skills Training               | <input type="checkbox"/> Social Welfare                      |
| <input type="checkbox"/> Staff Training & Development          | <input type="checkbox"/> Student Needs Assessment             | <input type="checkbox"/> Substance Abuse Issues              |
| <input type="checkbox"/> Treatment Alternatives                | <input type="checkbox"/> Treatment Plan Development           | <input type="checkbox"/> Treatment Strategies                |
| <input type="checkbox"/> Treatment Strategies Development      | <input type="checkbox"/> Truancy                              | <input type="checkbox"/> Wellness & Medical Illness          |
| <input type="checkbox"/> Workshop Development & Implementation | <input type="checkbox"/> Youth Development                    | <input type="checkbox"/> Other:                              |

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**TYPE OF SETTINGS**

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- |                                                                             |                                                                |                                                                  |
|-----------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Battered Women Center                              | <input type="checkbox"/> Corporate Environment                 | <input type="checkbox"/> Court System                            |
| <input type="checkbox"/> Criminal Justice System /<br>Correctional Facility | <input type="checkbox"/> Day Care Center                       | <input type="checkbox"/> Day Treatment Center                    |
| <input type="checkbox"/> Emergency Hotline                                  | <input type="checkbox"/> Group Home                            | <input type="checkbox"/> Homecare Service                        |
| <input type="checkbox"/> Homeless Shelter                                   | <input type="checkbox"/> Hospice                               | <input type="checkbox"/> Hospital Psychiatric Unit / ER          |
| <input type="checkbox"/> Individual Residential<br>Alternative (IRA)        | <input type="checkbox"/> Intermediate Care Facility (ICF)      | <input type="checkbox"/> Mental Health Facility                  |
| <input type="checkbox"/> Mobile Crisis Unit                                 | <input type="checkbox"/> Multi-cultural Environments           | <input type="checkbox"/> Nursing Home                            |
| <input type="checkbox"/> Outpatient Facility                                | <input type="checkbox"/> Private Practice                      | <input type="checkbox"/> Psychiatric Hospital                    |
| <input type="checkbox"/> Rehabilitation Center                              | <input type="checkbox"/> Residential Treatment Center<br>(RTC) | <input type="checkbox"/> Residential Treatment Facility<br>(RTF) |
| <input type="checkbox"/> Respite Center                                     | <input type="checkbox"/> School District                       | <input type="checkbox"/> Social Services Agency                  |
| <input type="checkbox"/> Women's Resource Center                            | <input type="checkbox"/> Youth Council Center                  | <input type="checkbox"/> Other:                                  |

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**CONSUMER DIAGNOSES / POPULATIONS**

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- |                                                         |                                                                          |                                                              |
|---------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Adjustment Disorders           | <input type="checkbox"/> Age Regression                                  | <input type="checkbox"/> At Age Level                        |
| <input type="checkbox"/> ADD / ADHD                     | <input type="checkbox"/> ALS                                             | <input type="checkbox"/> Autistic                            |
| <input type="checkbox"/> Behavioral Problems            | <input type="checkbox"/> Bipolar Disorder<br>(Manic Depressive Disorder) | <input type="checkbox"/> Blind                               |
| <input type="checkbox"/> Cerebral Palsy                 | <input type="checkbox"/> Challenging Behavioral Populations              | <input type="checkbox"/> Clinically Depressed                |
| <input type="checkbox"/> Communication Impairments      | <input type="checkbox"/> Conduct Disorder                                | <input type="checkbox"/> COPD                                |
| <input type="checkbox"/> Deaf / Hearing-Impaired        | <input type="checkbox"/> Depression                                      | <input type="checkbox"/> Developmentally Delayed             |
| <input type="checkbox"/> Drug & Alcohol Abuse           | <input type="checkbox"/> Eating Disorders                                | <input type="checkbox"/> Emotionally Disturbed               |
| <input type="checkbox"/> Foster Children                | <input type="checkbox"/> Gifted / Exceptional                            | <input type="checkbox"/> Grief & Loss Issues                 |
| <input type="checkbox"/> Language Disorders             | <input type="checkbox"/> Learning Disabled                               | <input type="checkbox"/> Mentally Retarded                   |
| <input type="checkbox"/> Motor Speech Disorders         | <input type="checkbox"/> Multihandicapped                                | <input type="checkbox"/> Noncompliant Behavior               |
| <input type="checkbox"/> Obsessive Compulsive Disorder  | <input type="checkbox"/> Oppositional Defiance Disorder                  | <input type="checkbox"/> Organic & Neuro Speech<br>Disorders |
| <input type="checkbox"/> Parkinson's Disease            | <input type="checkbox"/> Past Life Regression                            | <input type="checkbox"/> PDD Spectrum                        |
| <input type="checkbox"/> Phobic                         | <input type="checkbox"/> Physically Challenged                           | <input type="checkbox"/> Physically Abused                   |
| <input type="checkbox"/> Post Traumatic Stress Disorder | <input type="checkbox"/> Schizophrenic                                   | <input type="checkbox"/> Seizure Disorder                    |
| <input type="checkbox"/> Sexually Abused or Incest      | <input type="checkbox"/> Smoking                                         | <input type="checkbox"/> Special Needs                       |
| <input type="checkbox"/> Speech/Language-Impaired       | <input type="checkbox"/> Stroke                                          | <input type="checkbox"/> Tracheotomy                         |
| <input type="checkbox"/> Trauma                         | <input type="checkbox"/> Traumatic Brain Injury                          | <input type="checkbox"/> Ventilator Dependent                |
| <input type="checkbox"/> Weight Loss Problems           | <input type="checkbox"/> Other:                                          |                                                              |

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**CONSUMER AGE GROUPS**

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- |                                                    |                                                 |                                                      |
|----------------------------------------------------|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Children (up to 13 years) | <input type="checkbox"/> Adolescents (14-18)    | <input type="checkbox"/> Young Adults (19-35)        |
| <input type="checkbox"/> Middle-Age Adults (35-59) | <input type="checkbox"/> Retirement Age (60-74) | <input type="checkbox"/> Geriatric Populations (75+) |

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**CLIENT BEHAVIOR MANAGEMENT TECHNIQUES**

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- |                                                                               |                                                       |
|-------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Behavior modification strategies                     | <input type="checkbox"/> Assertive discipline model   |
| <input type="checkbox"/> Developing a positive rapport                        | <input type="checkbox"/> Cooperative discipline model |
| <input type="checkbox"/> Emphasis on structure                                | <input type="checkbox"/> Positive reinforcement       |
| <input type="checkbox"/> Ability to handle challenging behavioral populations | <input type="checkbox"/> Mediation of peer conflicts  |
| <input type="checkbox"/> Setting clear behavior guidelines                    | <input type="checkbox"/> Point system                 |
| <input type="checkbox"/> Ensuring students remain on task                     | <input type="checkbox"/> Exhibiting confidence        |
| <input type="checkbox"/> Canter's assertive discipline methods                | <input type="checkbox"/> Making learning fun          |

- Actively engaging and positively reinforcing students
- Utilizing individual charts and sticker reward system
- Setting a work-orientated and relaxed atmosphere
- Creating a calm environment
- Exhibiting a friendly demeanor

- Sense of humor
- Exhibiting mutual respect
- Utilizing behavior charts
- Following routine and procedures
- Other:

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## Personal Attributes and Capabilities for the Mental Health Profession

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Place one "X" before all attributes you feel come closest to who you are.

Place "XX" before those attributes that are the most important to your targeted profession.

- |                                                                                   |                                                                              |                                                                                  |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> Accountable                     | <input type="checkbox"/> <input type="checkbox"/> Accurate                   | <input type="checkbox"/> <input type="checkbox"/> Action-driven Leadership       |
| <input type="checkbox"/> <input type="checkbox"/> Adaptable                       | <input type="checkbox"/> <input type="checkbox"/> Analytical                 | <input type="checkbox"/> <input type="checkbox"/> Approachable                   |
| <input type="checkbox"/> <input type="checkbox"/> Articulate                      | <input type="checkbox"/> <input type="checkbox"/> Attentive to Detail        | <input type="checkbox"/> <input type="checkbox"/> Balanced                       |
| <input type="checkbox"/> <input type="checkbox"/> Budget Conscious                | <input type="checkbox"/> <input type="checkbox"/> Calm / Level-headed        | <input type="checkbox"/> <input type="checkbox"/> Client Focused                 |
| <input type="checkbox"/> <input type="checkbox"/> Client-Service-Oriented         | <input type="checkbox"/> <input type="checkbox"/> Collaborative              | <input type="checkbox"/> <input type="checkbox"/> Command Presence               |
| <input type="checkbox"/> <input type="checkbox"/> Communicative                   | <input type="checkbox"/> <input type="checkbox"/> Competent                  | <input type="checkbox"/> <input type="checkbox"/> Comprehensive                  |
| <input type="checkbox"/> <input type="checkbox"/> Computer Literate               | <input type="checkbox"/> <input type="checkbox"/> Conceptual                 | <input type="checkbox"/> <input type="checkbox"/> Concise                        |
| <input type="checkbox"/> <input type="checkbox"/> Conflict Management             | <input type="checkbox"/> <input type="checkbox"/> Coordination               | <input type="checkbox"/> <input type="checkbox"/> Critical Thinker               |
| <input type="checkbox"/> <input type="checkbox"/> Customer Focused                | <input type="checkbox"/> <input type="checkbox"/> Deadline Conscious         | <input type="checkbox"/> <input type="checkbox"/> Decisive                       |
| <input type="checkbox"/> <input type="checkbox"/> Dealing with Ambiguity          | <input type="checkbox"/> <input type="checkbox"/> Delegation                 | <input type="checkbox"/> <input type="checkbox"/> Detail-Oriented                |
| <input type="checkbox"/> <input type="checkbox"/> Developing Loyalty in Staff     | <input type="checkbox"/> <input type="checkbox"/> Diplomatic                 | <input type="checkbox"/> <input type="checkbox"/> Directing High Producing Teams |
| <input type="checkbox"/> <input type="checkbox"/> Diversity Management            | <input type="checkbox"/> <input type="checkbox"/> Easy to Get Along With     | <input type="checkbox"/> <input type="checkbox"/> Educated / Degreed             |
| <input type="checkbox"/> <input type="checkbox"/> Efficiency-Oriented             | <input type="checkbox"/> <input type="checkbox"/> Employee Retention         | <input type="checkbox"/> <input type="checkbox"/> Ethics & Values                |
| <input type="checkbox"/> <input type="checkbox"/> Flexible / Versatile            | <input type="checkbox"/> <input type="checkbox"/> Follow-up                  | <input type="checkbox"/> <input type="checkbox"/> Focused                        |
| <input type="checkbox"/> <input type="checkbox"/> Friendly                        | <input type="checkbox"/> <input type="checkbox"/> Goal-Driven                | <input type="checkbox"/> <input type="checkbox"/> Good Judgment                  |
| <input type="checkbox"/> <input type="checkbox"/> Good Listener                   | <input type="checkbox"/> <input type="checkbox"/> Help Others Solve Problems | <input type="checkbox"/> <input type="checkbox"/> Implementer                    |
| <input type="checkbox"/> <input type="checkbox"/> Inclusive                       | <input type="checkbox"/> <input type="checkbox"/> Initiator                  | <input type="checkbox"/> <input type="checkbox"/> Innovative                     |
| <input type="checkbox"/> <input type="checkbox"/> Insightful                      | <input type="checkbox"/> <input type="checkbox"/> Inspires Team              | <input type="checkbox"/> <input type="checkbox"/> Instructor                     |
| <input type="checkbox"/> <input type="checkbox"/> Integrity                       | <input type="checkbox"/> <input type="checkbox"/> Interpersonal Skills       | <input type="checkbox"/> <input type="checkbox"/> Intuitive                      |
| <input type="checkbox"/> <input type="checkbox"/> Leadership Abilities            | <input type="checkbox"/> <input type="checkbox"/> Listening Skills           | <input type="checkbox"/> <input type="checkbox"/> Logical Thinker                |
| <input type="checkbox"/> <input type="checkbox"/> Mentoring                       | <input type="checkbox"/> <input type="checkbox"/> Methodical                 | <input type="checkbox"/> <input type="checkbox"/> Meticulous                     |
| <input type="checkbox"/> <input type="checkbox"/> Morale Building                 | <input type="checkbox"/> <input type="checkbox"/> Multi-Skilled              | <input type="checkbox"/> <input type="checkbox"/> Negotiator / Mediator          |
| <input type="checkbox"/> <input type="checkbox"/> Nonjudgmental                   | <input type="checkbox"/> <input type="checkbox"/> Observant                  | <input type="checkbox"/> <input type="checkbox"/> Objective                      |
| <input type="checkbox"/> <input type="checkbox"/> Open-minded                     | <input type="checkbox"/> <input type="checkbox"/> Open to Change             | <input type="checkbox"/> <input type="checkbox"/> Organized                      |
| <input type="checkbox"/> <input type="checkbox"/> Outcome Focused                 | <input type="checkbox"/> <input type="checkbox"/> Overcoming Boundaries      | <input type="checkbox"/> <input type="checkbox"/> Overcoming Adversity           |
| <input type="checkbox"/> <input type="checkbox"/> Perceptive                      | <input type="checkbox"/> <input type="checkbox"/> Persistent                 | <input type="checkbox"/> <input type="checkbox"/> Personable                     |
| <input type="checkbox"/> <input type="checkbox"/> Planning & Conceptualizing      | <input type="checkbox"/> <input type="checkbox"/> Positive Attitude          | <input type="checkbox"/> <input type="checkbox"/> Practical                      |
| <input type="checkbox"/> <input type="checkbox"/> Precise                         | <input type="checkbox"/> <input type="checkbox"/> Presenter                  | <input type="checkbox"/> <input type="checkbox"/> Priority Setting               |
| <input type="checkbox"/> <input type="checkbox"/> Proactive                       | <input type="checkbox"/> <input type="checkbox"/> Problem-Solver             | <input type="checkbox"/> <input type="checkbox"/> Productive                     |
| <input type="checkbox"/> <input type="checkbox"/> Project-Oriented                | <input type="checkbox"/> <input type="checkbox"/> Professional               | <input type="checkbox"/> <input type="checkbox"/> Profitability-Conscious        |
| <input type="checkbox"/> <input type="checkbox"/> Provide Direction               | <input type="checkbox"/> <input type="checkbox"/> Quick Learner              | <input type="checkbox"/> <input type="checkbox"/> Rapport Builder                |
| <input type="checkbox"/> <input type="checkbox"/> Relationship Building           | <input type="checkbox"/> <input type="checkbox"/> Resourceful                | <input type="checkbox"/> <input type="checkbox"/> Respected by Others            |
| <input type="checkbox"/> <input type="checkbox"/> Responsive                      | <input type="checkbox"/> <input type="checkbox"/> Results-Oriented           | <input type="checkbox"/> <input type="checkbox"/> Revenue Growth                 |
| <input type="checkbox"/> <input type="checkbox"/> Self-Disciplined                | <input type="checkbox"/> <input type="checkbox"/> Self-Starter               | <input type="checkbox"/> <input type="checkbox"/> Self-Motivated                 |
| <input type="checkbox"/> <input type="checkbox"/> Sensible                        | <input type="checkbox"/> <input type="checkbox"/> Sound Decision-maker       | <input type="checkbox"/> <input type="checkbox"/> Straight Forward               |
| <input type="checkbox"/> <input type="checkbox"/> Streamline Operations           | <input type="checkbox"/> <input type="checkbox"/> Supportive                 | <input type="checkbox"/> <input type="checkbox"/> Systematic                     |
| <input type="checkbox"/> <input type="checkbox"/> Tackling Challenges & Obstacles | <input type="checkbox"/> <input type="checkbox"/> Tactful                    | <input type="checkbox"/> <input type="checkbox"/> Tactical Action Plans          |
| <input type="checkbox"/> <input type="checkbox"/> Task-oriented                   | <input type="checkbox"/> <input type="checkbox"/> Team Builder / Leader      | <input type="checkbox"/> <input type="checkbox"/> Team Oriented                  |
| <input type="checkbox"/> <input type="checkbox"/> Technical                       | <input type="checkbox"/> <input type="checkbox"/> Think Outside the Box      | <input type="checkbox"/> <input type="checkbox"/> Time Manager                   |
| <input type="checkbox"/> <input type="checkbox"/> Thorough                        | <input type="checkbox"/> <input type="checkbox"/> Trouble-Shooter            | <input type="checkbox"/> <input type="checkbox"/> Trusted by Others              |
| <input type="checkbox"/> <input type="checkbox"/> Visionary                       | <input type="checkbox"/> <input type="checkbox"/> Willing to Learn           | <input type="checkbox"/> <input type="checkbox"/> Work Ethic                     |
| <input type="checkbox"/> <input type="checkbox"/> Work Well Under Pressure        |                                                                              |                                                                                  |

# Counseling Questions

When answering the questions below, please refer to the job number you listed under "**Employment Information**" so we can match your responsibilities and achievements with the appropriate position(s). Answer each question thoroughly. If the question is not applicable, type "N/A."

## 1. What client services functions do you perform?

- |                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Client Needs assessments                      | <input type="checkbox"/> Perform counseling services       |
| <input type="checkbox"/> Develop & implement treatment plans           | <input type="checkbox"/> Screen & evaluate clients         |
| <input type="checkbox"/> Conduct psychological assessments             | <input type="checkbox"/> Assist clients in daily living    |
| <input type="checkbox"/> Prepare Individualized Education Plans        | <input type="checkbox"/> Mediate peer conflicts            |
| <input type="checkbox"/> Perform case management planning              | <input type="checkbox"/> Prepare discharge plans           |
| <input type="checkbox"/> Self-help & empowerment                       | <input type="checkbox"/> Intervene in crises situations    |
| <input type="checkbox"/> Handle administrative functions               | <input type="checkbox"/> Develop summary reports           |
| <input type="checkbox"/> Coordinate parent-teacher conferences         | <input type="checkbox"/> Maintain case files               |
| <input type="checkbox"/> Develop & implement client workshops          | <input type="checkbox"/> Work with IEP Goals               |
| <input type="checkbox"/> Educate family members on client illnesses    | <input type="checkbox"/> Supervise other treatment staff   |
| <input type="checkbox"/> Perform drug & alcohol education to clients   | <input type="checkbox"/> Conduct community education       |
| <input type="checkbox"/> Implement individual & program behavior plans | <input type="checkbox"/> Assist clients in achieving goals |
| <input type="checkbox"/> Help clients overcome obstacles               | <input type="checkbox"/> Act as a guide and role model     |
| <input type="checkbox"/> Assist clients in finding employment          | <input type="checkbox"/> Other:                            |

## 2. In what ways do you help consumers develop self-esteem and confidence?

ANSWER:

*How do you know you were effective?*

ANSWER:            JOB NO.:

## 3. What method(s) do you use to keep consumers focused and on track?

ANSWER:            JOB NO.:

## 4. How do you help students develop socialization skills?

- |                                                               |                                                                             |
|---------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> by modifying their perceptions       | <input type="checkbox"/> by helping them change their behavior              |
| <input type="checkbox"/> by resolving conflicts appropriately | <input type="checkbox"/> by enhancing their communication and understanding |
| <input type="checkbox"/> by emphasizing preventive measures   | <input type="checkbox"/> by teaching them conflict resolution methods       |
| <input type="checkbox"/> other:                               |                                                                             |

*In what way can you measure success?*

ANSWER:

*What is the result?*

ANSWER:            JOB NO.:

## 5. What agencies do you work with to provide advocacy or linkage?

ANSWER:            JOB NO.:

6. *What type of screenings, evaluations and/or assessments do you perform and in what areas do you perform them?*

ANSWER:           JOB NO.:

7. *What types of issues have you helped your consumers break through and resolve?*

ANSWER:

*How did you accomplish this?*

ANSWER:

*What are the results?*

ANSWER:           JOB NO.:

8. *Is there any particular individual or group of individuals you helped?*

ANSWER:

*How did you help them?*

ANSWER:

*What were the results?*

ANSWER:           JOB NO.:

9. *Explain your most difficult client challenges and how you tackled them.*

ANSWER:

*What were the results?*

ANSWER:           JOB NO.:

10. *For difficult behavior populations, what types of consumer management techniques prove most successful for you?*

ANSWER:

*Explain why and the results.*

ANSWER:           JOB NO.:

11. *In what specific ways do your services help your clients?*

ANSWER:           JOB NO.:

12. *What type of plans / programs do you develop and/or facilitate?*

ANSWER:

*What is their purpose?*

ANSWER:

*Result?*

ANSWER:           JOB NO.:

13. *With whom do you work to meet your clients therapy needs and what type of services do you coordinate?*

ANSWER:            JOB NO.:

14. *What type of therapeutic educational information do you provide to clients and their families?*

ANSWER:            JOB NO.:

15. *How do you establish a strong rapport and solid levels of trust with consumers?*

ANSWER:            JOB NO.:

16. *How do you help clients effectively utilize their strengths to help empower them to move forward?*

ANSWER:            JOB NO.:

17. *How do you help clients break through and resolve addiction, family dynamics, self-esteem, sexual abuse, domestic violence, emotional abuse, sexual abuse, and other issues? Does your technique / method differ with different issues?*

ANSWER:            JOB NO.:

18. *How do you handle a client with suicidal tendencies?*

ANSWER:            JOB NO.:

19. *What type of therapeutic principles, methods, and techniques do you use to help clients resolve emotional conflicts and issues?*

- |                                                                  |                                                                       |
|------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> art psychotherapy                       | <input type="checkbox"/> goal visualization                           |
| <input type="checkbox"/> subject matter by association           | <input type="checkbox"/> strength-based perspective                   |
| <input type="checkbox"/> humanistic approach                     | <input type="checkbox"/> relating information to their daily lives    |
| <input type="checkbox"/> cognitive behavioral approach           | <input type="checkbox"/> developing attainable goals                  |
| <input type="checkbox"/> treatment based on level of abilities   | <input type="checkbox"/> developing individual achievement strategies |
| <input type="checkbox"/> reality based                           | <input type="checkbox"/> social-emotional methods / counseling        |
| <input type="checkbox"/> Rogerian                                | <input type="checkbox"/> academic methods                             |
| <input type="checkbox"/> ability to lead and keep others focused | <input type="checkbox"/> behavior modification strategies             |
| <input type="checkbox"/> encouraging participation               | <input type="checkbox"/> identifying positive traits in others        |
| <input type="checkbox"/> positive reinforcement                  | <input type="checkbox"/> providing positive, trusting atmosphere      |
| <input type="checkbox"/> developing rapport and mutual respect   | <input type="checkbox"/> Other:                                       |

20. *How do you help clients modify their perceptions and behavior and enhance their communication and understanding amongst family members and society to lead a more productive life?*

ANSWER:            JOB NO.:

21. *What type of instruction / workshops do you provide and to whom?*

ANSWER:            JOB NO.:

22. *Is there any client or group of clients whom you have helped that you feel especially proud of?*

ANSWER:

*How did you help them?*

ANSWER: ]

*What was the result?*

ANSWER: JOB NO.:

23. *What type of documents do you prepare?*

- Case notes       Staff logs       Incident reports       Discharge Summaries  
 Other:

## General Achievement Questions

1. *What were the three biggest achievements you accomplished in your career? Explain the challenges you were faced with, the actions you took to solve them, and the end results.*

CHALLENGE #1:                      JOB NO.:

CHALLENGE #2:                      JOB NO.:

CHALLENGE #3:                      JOB NO.:

2. *What were the three largest obstacles you have had to overcome in your career? Explain the challenges, your actions, and the results.*

OBSTACLE #1:                      JOB NO.:

OBSTACLE #2:                      JOB NO.:

OBSTACLE #3:                      JOB NO.:

3. *Have you received any special awards or recognition for your achievements?  YES  NO*  
*If so, what was the award and what were you recognized for?*

ANSWER:                      JOB NO.:

4. *Have your superiors selected you over your peers to handle any difficult challenges?*

ANSWER:  YES  NO

*If so, what were you selected for?*

ANSWER:

*What challenges did you have to overcome?*

ANSWER:

*How did you accomplish this?*

ANSWER:

*What were the results of your efforts / benefits to your firm?*

ANSWER:                      JOB NO.:



5. *What did you accomplish in your career that you are most proud of?  
(Be sure it is relevant to the position you are targeting.)*

ANSWER:           JOB NO.:

6. *Have you contributed to your firm's increased sales or growth in any way?  YES  NO  
If so, how did you accomplish this, and what measurable results (dollar amounts/percentages) did you achieve?*

ANSWER:           JOB NO.:

7. *Have you increased productivity, streamlined operations, or cut costs in any way?*

ANSWER:  YES  NO

*What you did to accomplish this?*

ANSWER:

*What were the measurable results of your efforts?*

ANSWER:           JOB NO.:

8. *Have you worked with any Fortune 100/500/1000 clients?  YES  NO*

*If so, which ones? For what? (Include only if it is not a confidentiality breach to do so.)*

ANSWER:           JOB NO.:

9. *How have you helped increase customer satisfaction and/or expand client base?*

ANSWER:           JOB NO.:

10. *Did you develop, establish, or perform a "company first" in any area?  YES  NO*

*If so, what was it for and what were the results?*

ANSWER:           JOB NO.:

11. *Are you in charge of a budget?  YES  NO*

*If so, which one and how much?*

ANSWER:           JOB NO.:

12. *Is there anything else you would like to tell us that we have not already addressed?*

ANSWER:           JOB NO.: