

Quality Review Template

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QUALITY REVIEW EVALUATION

Counselor Information

Counselor Name: [Name]

Interaction Date: [Date]

Interaction ID: [ID]

Evaluation Criteria

Rate each area: 2 points (Fully Met), 1 point (Partially Met), 0 points (Not Met), or N/A

Call Opening

Answered interaction in less than 20 seconds of joining

Rating: ☐ Fully Met (2) ☐ Partially Met (1) ☐ Not Met (0) ☐ N/A

Notes: [Notes on performance for this criterion]

Opening message completed with tact

Rating: ☐ Fully Met (2) ☐ Partially Met (1) ☐ Not Met (0) ☐ N/A

Notes: [Notes on performance for this criterion]

Risk Assessment

SASS/Screeners attempted at least twice (unless contact requested otherwise)

Rating: ☐ Fully Met (2) ☐ Partially Met (1) ☐ Not Met (0) ☐ N/A

Notes: [Notes on performance for this criterion]

Used creative non-judgmental empathy and built rapport

Rating: ☐ Fully Met (2) ☐ Partially Met (1) ☐ Not Met (0) ☐ N/A

Notes: [Notes on performance for this criterion]

Communication Skills

Demonstrated active listening through reflective responses

Rating: ☐ Fully Met (2) ☐ Partially Met (1) ☐ Not Met (0) ☐ N/A

Notes: [Notes on performance for this criterion]

Used appropriate LGBTQ+ inclusive language

Rating: ☐ Fully Met (2) ☐ Partially Met (1) ☐ Not Met (0) ☐ N/A

Notes: [Notes on performance for this criterion]

Responded to emotional content with appropriate empathy

Rating: ☐ Fully Met (2) ☐ Partially Met (1) ☐ Not Met (0) ☐ N/A

Notes: [Notes on performance for this criterion]

Support Effectiveness

Provided appropriate resources relevant to the contact's needs

Rating: ☐ Fully Met (2) ☐ Partially Met (1) ☐ Not Met (0) ☐ N/A

Notes: [Notes on performance for this criterion]

Helped identify coping strategies or action steps

Rating: ☐ Fully Met (2) ☐ Partially Met (1) ☐ Not Met (0) ☐ N/A

Notes: [Notes on performance for this criterion]

Call Closure

Summarized key points of the interaction

Rating: ☐ Fully Met (2) ☐ Partially Met (1) ☐ Not Met (0) ☐ N/A

Notes: [Notes on performance for this criterion]

Completed closure process appropriately

Rating: ☐ Fully Met (2) ☐ Partially Met (1) ☐ Not Met (0) ☐ N/A

Notes: [Notes on performance for this criterion]

Overall Feedback

[Provide comprehensive feedback about the interaction, including specific strengths and growth opportunities]

Score Calculation

Total Points: [X] out of [Y] possible points

Percentage Score: [Z]%

Quality Status

- ☐ Excellent (90-100%)
- ☐ Good (75-89%)
- ☐ Needs Improvement (<75%)

Follow-Up Actions

- [Action item 1]
- [Action item 2]
- [Action item 3]

Reviewer: [Name]

Review Date: [Date]