## CE Final Shadow/Certification Form

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| **Staff Name:** | **Agency:** |

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| **Skill Demonstration** | |
| Please identify whether each skill was demonstrated and include any comments of affirmation or recommendations for continued improvement. | |
| * 1. **Building Rapport** | **Yes  No** |
| Comments: | |
| * 1. **Introduction: Is the explanation of the process clear?** | **Yes  No** |
| Comments: | |
| * 1. **Listening Skills: Validations** | **Yes  No** |
| Comments: | |
| * 1. **Listening Skills: Summarizing** | **Yes  No** |
| Comments: | |
| * 1. **Listening Skills: Asking Powerful Questions** | **Yes  No** |
| Comments: | |
| * 1. **Are the Client’s Strengths identified?** | **Yes  No** |
| Comments: | |
| * 1. **Are the Client’s Barriers identified?** | **Yes  No** |
| Comments: | |
| * 1. **Creative Exploration of Options?** | **Yes  No** |
| Comments: | |
| * 1. **Next Steps are Clearly Defined?** | **Yes  No** |
| Comments: | |
| * 1. **Relevant Resources Provided?** | **Yes  No** |
| Comments: | |
| **Additional Overall Comments:** | |

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| **Skill Determination** | | |
| **Staff has adequately demonstrated the necessary skills required for CE Certification:** | | **Yes  No** |
| **If no, please describe required next steps before another final shadow conversation may be arranged.** | | |
|  | | |
| **Coach Name & Agency:** |  | |
| **Signature & Date:** |  | |

Return this form to the CE Staff-in-training.

If approved, the CE Coach should submit a signed and completed copy of the form to Pierce County at [annemarie.edmunds@piercecountywa.gov](mailto:annemarie.edmunds@piercecountywa.gov).