

## HIV/AIDS Counselor/Trainee Evaluation Checklist

### *Post-Training Requisites*

*All post-training requirements need to be **completed within 60 days** of HIV/AIDS 501 Training. Opportunities for observation and performance of post-test positive counseling may be limited in smaller counties. When there is no other option, a role-play may be done. The 60 day requirement may be extended, as needed.*

*All new counselors/trainees will observe a minimum of one pre-test counseling session, one HIV-negative post-test counseling session and one HIV-positive post-test counseling session of an experienced counselor. The experienced counselor should sign below after being observed by the trainee.*

<b>Pre-test</b>	<b>Date</b>	<b>Experienced Counselor</b>	<b>Comments</b>
<b>Post-test negative</b>	<b>Date</b>	<b>Experienced Counselor</b>	<b>Comments</b>
<b>Post-test positive</b>	<b>Date</b>	<b>Experienced Counselor</b>	<b>Comments</b>

*All counselors/trainees will perform a minimum of one pre-test counseling session and one HIV-negative post-test counseling session under the supervision of an experienced counselor. The new HIV counselor/trainee must demonstrate skills learned through the required course exercises. The experienced counselor should sign below after observing the trainee.*

<b>Pre-Test/Informed Consent</b>	<b>Date</b>			<b>Experienced Counselor</b>
<b>During the session, the counselor/trainee:</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
1. Introduced self				
2. Established a rapport with the client				
3. Defined the purpose of the session				
4. Assessed client need for service				
5. Informed client of their right to withdraw at anytime				
6. Explained confidentiality				

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During the session, the counselor/trainee:	Yes	No	NA	Comments
7. Explained the difference between anonymous and confidential testing				
8. Explained HIV infection reporting				
9. Assessed client risk(s) for HIV				
10. Provided accurate and factual information				
11. Described testing purpose				
12. Described testing procedures				
13. Explained the meaning and limitations of the test result				
14. Assessed safer sex practices and demonstrated condom use, if appropriate.				
15. Discussed needle sharing partners				
16. Advised against donating blood and blood products, sperm or eggs, and any human tissue, organ or fluid during the two-week waiting period for results				
17. Discussed personal risk reduction measures				
18. Answered client questions effectively				
19. Reinforced risk reduction message				

## HIV/AIDS Counselor/Trainee Evaluation Checklist

During the session, the counselor/trainee:	Yes	No	NA	Comments
20. Set follow-up appointment for client to return, if necessary, and gave it in writing				
21. Used effective verbal and non-verbal communication				
22. Referred/linked to other services, including primary care, family planning, STD, prenatal/OB, community resources, support groups, TB screening, alcohol, drug abuse and mental health services, etc.				
23. Accurately documented the contact in the medical record/client file and on lab slip				

Post-Test Negative	Date			Experienced Counselor
During the session, the counselor/trainee:	Yes	No	NA	Comments
1. Introduced self and explained purpose of session				
2. Confirmed identity				
3. Reminded client of confidentiality				
4. Provided result clearly and simply				
5. Assessed client's understanding of test result, including the window period and need to retest				

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During the session, the counselor/trainee:	Yes	No	NA	Comments
6. Reviewed client's risk reduction plan and revised, as necessary (safer sex practices, needle-sharing, condoms, etc.)				
7. Answered client questions effectively				
8. Used effective verbal and non-verbal communication (e.g., open-ended questions)				
9. Advised against donating blood and blood products, sperm or eggs, and any human tissue, organ or fluid if client is still at risk for HIV infection				
10. Recommended appropriate referrals/made appropriate linkages <i>(Such as to other services, including primary care, family planning, STD, prenatal/OB, community resources, support groups, TB screening, alcohol, drug abuse and mental health services, etc.)</i>				
11. Provided accurate and factual information				
12. Accurately documented the contact in the medical record/client file and on lab slip				

*Observation of a post-test positive session is not required to meet HIV/AIDS 501 post-requisites; however, it is strongly encouraged.*

Post-Test Positive	Date			Experienced Counselor
During the session, the counselor/trainee:	Yes	No	NA	Comments
1. Introduced self and explained purpose of session				

2. Confirmed identity				
3. Reminded client of confidentiality				
4. Provided result clearly and simply, allowed client to process result				
5. Assessed client's understanding of test result and how they are coping				
6. Recommended appropriate referrals/made appropriate linkages <i>(Such as to other services, including medical care, case management, PCRS, family planning, STD, community resources, support groups, TB screening, alcohol, drug abuse and mental health services, etc.)</i>				
7. Linked pregnant female to local programs, including TOPWA, Healthy Start, and prenatal care				
8. Advised against donating blood and blood products, sperm or eggs, and any human tissue, organ or fluid during the two-week waiting period for results				
9. Advised against donating blood and blood products, sperm or eggs, and any human tissue, organ or fluid				
10. Answered client questions effectively				
11. Used effective verbal and non-verbal communication (e.g., open-ended questions)				
12. Provided accurate and factual information				
13. Accurately documented the contact in the medical record/client file and on lab slip				

## HIV/AIDS Counselor/Trainee Evaluation Checklist

Additional Comments

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My signature below verifies that \_\_\_\_\_ has successfully  
(Name of Counselor/Trainee PRINTED)

completed the pre-requisite, requisite, and post-requisite "HIV/AIDS 501 Counselor" training requirements.

_____ <b>Supervisor Signature</b>	_____ <b>Date</b>	_____ <b>Experienced Counselor Signature</b>	_____ <b>Date</b>
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_____ <b>Supervisor Name Printed</b>	_____ <b>Date</b>	_____ <b>Counselor Name Printed</b>	_____ <b>Date</b>
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_____ <b>Trainer</b>	_____ <b>Date</b>
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Certificate of Attendance sent: \_\_\_\_\_

Certificate of Completion sent: \_\_\_\_\_

