Name

Date _____

Professional Development Self-Assessment for OSA funded Substance Abuse Providers

The purpose of this assessment is to: help guide the creation of your Professional Development Plan; identify areas for planning training and technical assistance; identify people with substantial training and/or experience who would be willing to mentor others; and to guide our workforce development efforts.

Skill	Hov		rtant is your job			Have you received training		Year of training	Length	ngth Name of trainer optional		Curren	t Skill]	Level	Other Comments
	1 = Unsure	2 = Not important	3 = A little Important	4 = Important	5 = Very important	Yes	No		Example: 1 day workshop, 1 week seminar, etc.	Include * next to their name if you would recommend them as a trainer.	Beginner	Intermediate	Advanced	lf Advanced, will you mentor?	
							Adm	inistrati	ive Skill	s					
Collecting and analyzing data	1	2	3	4	5	Y	Ν								
Designing/selecting programs	1	2	3	4	5	Y	Ν								
Program implementation	1	2	3	4	5	Y	N								
Working with Legislators	1	2	3	4	5	Y	N								
Organizational development and leadership	1	2	3	4	5	Y	N								
Evaluation	1	2	3	4	5	Y	N								
Grant writing	1	2	3	4	5	Y	N								
Contract management including writing reports	1	2	3	4	5	Y	N								
Developing and managing budgets	1	2	3	4	5	Y	N								
Public policy development and advocacy	1	2	3	4	5	Y	N								
Public relations	1	2	3	4	5	Y	N								

Date _____

Skill	How important is this skill in your job?					Have rece trai		Year of training	Length	Name of trainer optional	Current Skill Level				Other Comments
	1 = Unsure	2 = Not important	3 = A little Important	4 = Important	5 = Very important	Yes	No		Example: 1 day workshop, 1 week seminar, etc.	Include * next to their name if you would recommend them as a trainer.	Beginner	Intermediate	Advanced	If Advanced, will you mentor?	
							Capac	ity Buil	ding Ski	ills					
Community mobilizing	1	2	3	4	5	Y	Ν								
Coalition building	1	2	3	4	5	Y	N								
Cultural competency	1	2	3	4	5	Y	N								
Sustainability	1	2	3	4	5	Y	Ν								
Group facilitation	1	2	3	4	5	Y	N								
Conflict resolution	1	2	3	4	5	Y	Ν		_						
Team building and maintenance	1	2	3	4	5	Y	N								
Planning (includes action and strategic plans)	1	2	3	4	5	Y	N								
Using needs assessment and outcome data	1	2	3	4	5	Y	N								
XX7 1 ' '1 1 1	1	2		4	5	V		OGRAM	SKILLS					[
Working with adults	1	2	3	4	5	Y	N								
Working with organizations	1	2	3	4	5	Y	Ν								
Working with youth	1	2	3	4	5	Y	N								
Working with parents	1	2	3	4	5	Y	Ν								
Presentation skills	1	2	3	4	5	Y	N								
Working with diverse populations	1	2	3	4	5	Y	N								
Human development including child and adolescent	1	2	3	4	5	Y	N								
Theories of change	1	2	3	4	5	Y	Ν								

Skill	How		rtant is ⁄our job			Have you received training		Year of training	Length	Name of trainer optional	Current Skill Level			Level	Other Comments
	1 = Unsure	2 = Not important	3 = A little Important	4 = Important	5 = Very important	Yes	No		Example: 1 day workshop, 1 week seminar, etc.	Include * next to their name if you would recommend them as a trainer.	Beginner	Intermediate	Advanced	lf Advanced, will you mentor?	
							Р	ersonal	Skills						
Accessing and using technology	1	2	3	4	5	Y	N								
Time/stress management	1	2	3	4	5	Y	N								
Networking	1	2	3	4	5	Y	Ν								
	1					C	onter	nt Skills	(Expert	ise)	<u>. </u>		<u>. </u>		
Substance Abuse basicssigns, effects, laws	1	2	3	4	5	Y	N								
Understanding substance use, abuse and dependence theory of addiction	1	2	3	4	5	Y	N								
Confidentiality and ethical principles	1	2	3	4	5	Y	N								
Evidence based prevention	1	2	3	4	5	Y	N								
Prevention frameworks	1	2	3	4	5	Y	Ν								
							Su	pervisor	y Skills						
Recruitment and retention of volunteers	1	2	3	4	5	Y	N								
Recruitment and hiring staff	1	2	3	4	5	Y	Ν								
Managing and leading staff	1	2	3	4	5	Y	N								
Staff development	1	2	3	4	5	Y	N								
Avoiding staff burnout	1	2	3	4	5	Y	Ν								

Time Spent Performing Major Job Activities

Instructions:	For each of the following major activities of your job, estimate the percentage of time that you spend within a year; please make sure that the total time for all of the activities sums to 100; if you don't per blank:	
	Activity	Percentage of Time Spent Performing That Activity
Administrativ	e:	
	gement, Data analysis, Designing programs, Evaluation development, Grant writing, Making decisions, Managing budgets, Planning and organizing, Program implementation, Public policy and advocacy.	
Capacity Build	ding:	
Coalition build development.	ing, Community mobilization, Locating community resources, Networking, Partnership	
Program Serv	ices:	
the family and Practicing activ	ences on the cycle of addiction, Educating audiences on the drugs of abuse, Educating audiences on individual dynamics of addiction, Interacting with adults, Interacting with youth, Motivating youth, <i>ve</i> listening skills, Providing presentations, Utilizing knowledge of prevention principles, Utilizing nent principles.	
Supervisory:		
0	unteers, Overseeing adult volunteer programs, Recruitment and retention of volunteers, Staff Supervising staff.	
Other (please	specify):	
	Am	100
Total Percenta	age of Time:	100