

**GENERAL SUPERVISION EVALUATION
FOR SOCIAL WORK LICENSURE ELIGIBILITY***

6 months

Typically 25 completed hours of educational supervision / 1000 completed hours of practice/work hours under supervision

12 months

Typically 50 completed hours of educational supervision / 2000 completed hours of practice/work hours under supervision

24 months

Typically 100 completed hours of educational supervision / 4000 completed hours of practice/work hours under supervision

PARTIAL SUPERVISION

(Due to a change in status, i.e. change of supervision, change of employment):

Number of completed hours of educational supervision this evaluation: _____ Hours to present date: _____

Number of completed hours of supervised practice/work hours this evaluation: _____ Hours to present date: _____

***This form *MUST* be completed – whether seeking LSWA, LSW Generalist Practice, LSW-Adm or LCSW Licensure.**

SUPERVISEE _____

Other name(s) under which evaluations have been submitted _____

Home Address - Street/City/State/Zip _____

Home E-Mail _____ Home Phone () _____

Employing Agency Position _____

Position is: Full Time Part-Time: Number of hours per week: _____

Agency Address
Street/City/State/Zip _____

Agency E-Mail _____ Agency Phone () _____

SUPERVISOR _____

License Number _____

Job Title _____ Agency Phone () _____

Employing Agency _____ Agency E-Mail _____

Agency Address
Street/City/State/Zip _____

PERIOD OF SUPERVISION:

From _____ To _____
(Month/Day/Year) (Month/Day/Year)

Total hours of **Individual & Group Educational Supervision** *this evaluation*: _____

Total hours of **Individual & Group Educational Supervision** to present date: _____

Total number of **Practice/Work hours Under Supervision** *this evaluation*: _____

Total number of **Practice/Work hours Under Supervision** to present date: _____

OKLAHOMA STATE BOARD OF LICENSED SOCIAL WORKERS

4545 N. Lincoln Blvd. STE 162 Oklahoma City, OK 73105; Post Office Box 18817, Oklahoma City, OK 73154-0817

Phone: (405) 521-3712 www.ok.gov/socialworkers Fax: (405) 521-3713

Each area of performance **must** be rated by circling the number that most accurately describes the supervisee.
Each section **must** include comments (required) in the area provided.

RATING SCALE

1. Not Observed
 2. Does Not Meet Expectations
 3. Meets Expectations
 4. Exceeds Expectations
 5. Far Exceeds Expectations
-

PROFESSIONALISM

| | | | | | |
|---|---|---|---|---|---|
| A. Demonstrates commitment to the profession and organizational goals | 1 | 2 | 3 | 4 | 5 |
| B. Demonstrates ability to apply social work goals, values and ethics in carrying out professional responsibilities | 1 | 2 | 3 | 4 | 5 |
| C. Demonstrates increased capacity for conceptual thinking, logical reasoning, and sound judgment | 1 | 2 | 3 | 4 | 5 |
| D. Demonstrates ability and commitment to accept increasing responsibility for own learning and continuing professional development | 1 | 2 | 3 | 4 | 5 |
| E. Demonstrates ability to function with a high degrees of professional independence | 1 | 2 | 3 | 4 | 5 |
| F. Demonstrates ability to communicate effectively: verbally/writing/documenting | 1 | 2 | 3 | 4 | 5 |

COMMENTS ON PROFESSIONALISM: **Required**

SOCIAL WORK PRACTICE

| | | | | | | |
|----|--|---|---|---|---|---|
| A. | Demonstrates purposeful use of self in preparing for and carrying out client contacts | 1 | 2 | 3 | 4 | 5 |
| B. | Demonstrates skill in exploration with clients, families, groups and/or community in problem focus determination | 1 | 2 | 3 | 4 | 5 |
| | 1. Ability to formulate diagnostic assessments | 1 | 2 | 3 | 4 | 5 |
| C. | Demonstrates ability to assess interactions with client systems and to plan and carry out interventions and strategies | 1 | 2 | 3 | 4 | 5 |
| | 1. Ability to achieve goal focused movement of client system | 1 | 2 | 3 | 4 | 5 |

COMMENTS ON SOCIAL WORK PRACTICE: **Required**

USE OF SUPERVISION

| | | | | | | |
|----|--|---|---|---|---|---|
| A. | Demonstrates ability to organize and prepare for maximum use of supervision including enhancement of professional growth and functioning | 1 | 2 | 3 | 4 | 5 |
| B. | Ability to engage in critical self appraisal as evidenced by increasing self awareness | 1 | 2 | 3 | 4 | 5 |

COMMENTS ON USE OF SUPERVISION: **Required**

ADJUSTMENT WITHIN AGENCY

| | | | | | | |
|----|---|---|---|---|---|---|
| A. | Demonstrates understanding of agency mission, functions, policies, procedures, organizational goals and relationship(s) to other agencies | 1 | 2 | 3 | 4 | 5 |
| B. | Demonstrates sound interpretation and application of agency policies and practices in specific situations and evaluation process | 1 | 2 | 3 | 4 | 5 |
| C. | Demonstrates knowledge of strategies by which system changes can be made and ability to intervene appropriately | 1 | 2 | 3 | 4 | 5 |
| D. | Demonstrates ability to collaborate and to work cooperatively with colleagues, staff, and members of other disciplines | 1 | 2 | 3 | 4 | 5 |
| E. | Demonstrates ability to work effectively with community resources in serving clients and representing agency and profession | 1 | 2 | 3 | 4 | 5 |
| F. | Demonstrates dependability and effectiveness in planning and organizing work, performing assigned tasks, and managing time and efforts | 1 | 2 | 3 | 4 | 5 |

COMMENTS ON ADJUSTMENT WITHIN AGENCY: **Required**

COMMENTS OF SUPERVISOR: *Required*

(Supervisor's general assessment of the supervisee's skills, abilities, and specific areas of needed growth.)

This evaluation contains actual ratings and dates of supervision. They are true and factual as determined by supervision.

Signature of Supervisor

Date

COMMENTS OF SUPERVISEE: *Required*

I have read the above supervisor evaluation.

Signature of Supervisee

Date

This evaluation must be submitted within **thirty (30) days** of the completion of the period of supervision.
SOCIAL WORK EDUCATIONAL **SUPERVISION LOG** MUST BE ATTACHED TO THIS EVALUATION.
LSW-Adm or LCSW EVALUATION (if applicable) MUST ALSO BE ATTACHED.