

**EVALUATION FOR  
CLINICAL SOCIAL WORK PRACTICE**

**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 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: \_\_\_\_\_

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**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 (     ) \_\_\_\_\_

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**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: \_\_\_\_\_

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**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](http://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

**SOCIAL WORK PRACTICE**

**DEMONSTRATES KNOWLEDGE OF:**

A. Human and personality development	1	2	3	4	5
B. Psycho and group dynamics	1	2	3	4	5
C. Family dynamics	1	2	3	4	5
D. Psychopathology	1	2	3	4	5
E. Crisis Intervention	1	2	3	4	5
F. Human relations	1	2	3	4	5
G. Interactive effect of biological functioning on the client system	1	2	3	4	5
H. Interactive effect of psychosocial functioning on the client system	1	2	3	4	5

COMMENTS: ***Required***

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**DEMONSTRATES SKILL IN:**

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I.	Assessing personality functioning/dysfunctioning	1	2	3	4	5
J.	Assessing client system functioning/dysfunctioning	1	2	3	4	5
K.	Ongoing evaluation of clientele and agency program policies and practices as applicable	1	2	3	4	5
L.	Appropriate selection of intervention, including crisis, strategies and techniques in decision-making	1	2	3	4	5
M.	Appropriate timing and handling of termination process	1	2	3	4	5
N.	Integration of theory with practice skills	1	2	3	4	5
O.	Seeking and using appropriate consultation from other disciplinary sources	1	2	3	4	5

COMMENTS: **Required**

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**DEMONSTRATES:**

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P.	Ability to use supervision to enhance professional growth and functioning	1	2	3	4	5
	1. Willingness to conduct periodic critical review of work and performance	1	2	3	4	5
	2. Self awareness and disciplined use of self in all professional relationships	1	2	3	4	5

COMMENTS: **Required**

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**COMMENTS OF SUPERVISOR: *Required***

Supervisor's general assessment of the supervisee's skills, abilities, and specific areas of needed growth. (Final evaluation **must** include a written assessment regarding the supervisee's readiness for independent private practice.)

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

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Signature of Supervisor

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Date

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**COMMENTS OF SUPERVISEE: *Required***

I have read the above supervisor evaluation.

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Signature of Supervisee

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Date

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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.  
**GENERAL SUPERVISION EVALUATION** MUST ALSO BE ATTACHED.