

SUPERVISEE'S EVALUATION OF BOARD APPROVED SUPERVISOR PROVIDING SUPERVISION

In order for the Oklahoma State Board of Licensed Social Workers to certify Board Approved Supervisors, the supervisee is required to complete an evaluation of the supervisory process. This evaluation will aid the Board in determining the eligibility for periodic re-certification as a Board Approved Supervisor. The evaluation is based solely on the supervisee's perceptions of the role of the supervisor in providing educational supervision. This form must be completed and submitted as part of the required supervision paperwork (e.g., general eval, clinical eval, logs, etc.) for each evaluation period.

SUPERVISOR _____ License Number _____

POSITION _____

Employing Agency _____

Agency Address _____
Street/City/State/ZIP Telephone Number

SUPERVISEE _____

Other Name Evaluations Have Been Submitted Under (if applicable) _____

Home Address _____
Street/City/State/ZIP Telephone Number

EMPLOYING AGENCY POSITION _____

Position Is: ___ Full Time ___ Part Time (Number Hours Per Week: _____)

Employing Agency _____

Agency Address _____
Street/City/State/ZIP Telephone Number

| |
|--|
| PERIOD OF SUPERVISION: From _____ To _____ (Month/Day/Year) (Month/Day/Year) |
|--|

OKLAHOMA STATE BOARD OF LICENSED SOCIAL WORKERS

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Each area of performance **must** be rated by circling the number that most accurately describes the supervisee. **Each area of performance must include a comment statement.**

RATING SCALE

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

MANAGEMENT

A. Use of supervisory time 1 2 3 4 5
COMMENTS:

B. Prompt and available for scheduled supervisory conferences 1 2 3 4 5
COMMENTS:

C. Met obligations of supervisory contract 1 2 3 4 5
COMMENTS:

D. Makes clear supervisor/supervisee roles, limits, expectations, and objectives 1 2 3 4 5
COMMENTS:

E. Preparation for supervisory conference 1 2 3 4 5
COMMENTS:

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EDUCATIONAL PROCESS

A. Knowledge of specialty (if applicable) area 1 2 3 4 5
COMMENTS:

B. Establishes a positive climate for learning 1 2 3 4 5
COMMENTS:

C. Explains usefulness of the content to be 1 2 3 4 5
discussed
COMMENTS:

D. Makes learning meaningful in terms of 1 2 3 4 5
supervisee's motives and needs
COMMENTS:

E. Respects and acknowledges supervisee's 1 2 3 4 5
knowledge and skill base
COMMENTS:

F. Provides positive feedback and support 1 2 3 4 5
COMMENTS:

G. Provides opportunity for supervisee to question, 1 2 3 4 5
discuss, object, and express doubt
COMMENTS:

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H. Overall impression of the supervisor's role in the supervisory process
COMMENTS: 1 2 3 4 5

COMMENTS OF SUPERVISOR:

I have read the above supervisee evaluation.

Signature of Supervisor Date

COMMENTS OF SUPERVISEE:

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

Signature of Supervisee Date

This evaluation must be submitted within fourteen (14) days of the completion of the period of supervision.