

**EVALUATION FOR SOCIAL WORK
ADMINISTRATION 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: _____

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

Post Office Box 18817, Oklahoma City, OK 73154-0817

Phone: (405) 946-7230

www.osblsw.state.ok.us

Fax: (405) 942-1070

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. Social work goals, values, and ethics in fulfilling administrative responsibilities to clients, agency, and community	1	2	3	4	5
B. Ethical and cultural considerations in public relations	1	2	3	4	5
C. Professional behavior in administrative relationships and as agency representative	1	2	3	4	5
D. Personnel Management COMMENT AS APPLICABLE: Required	1	2	3	4	5

Program Management COMMENT AS APPLICABLE: Required	1	2	3	4	5
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Fiscal Management COMMENT AS APPLICABLE: Required	1	2	3	4	5
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COMMENTS REGARDING KNOWLEDGE: **Required**

DEMONSTRATES SKILL IN:

E.	Utilizing agency processes in program planning, policy making, and program evaluation	1	2	3	4	5
F.	Selecting appropriate strategies in decision making	1	2	3	4	5
G.	If Applicable: Determining program priorities	1	2	3	4	5
H.	If Applicable: Appropriate personnel use and delegation of responsibilities	1	2	3	4	5
	1. Personnel evaluation	1	2	3	4	5
I.	Communication	1	2	3	4	5
	Verbal	1	2	3	4	5
	Written	1	2	3	4	5
	1. Collaboration with staff, community agencies and other disciplines	1	2	3	4	5
	2 Appropriate use of consultation	1	2	3	4	5

COMMENTS: **Required**

DEMONSTRATES:

J.	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
K.	Understanding and commitment to the code of ethics of the Oklahoma State Board of Licensed Social Workers	1	2	3	4	5
L.	Readiness, competencies and adherence to ethical standards to engage in self-regulated social work administration private practice	1	2	3	4	5

COMMENTS: **Required**

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.

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.
GENERAL SUPERVISION EVALUATION MUST ALSO BE ATTACHED.