

# Board of Licensed Social Workers State of Oklahoma

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Oklahoma City, OK 73118

## **Clinical Supervision Evaluation for Social Work Licensure Eligibility:**

- Eval 1 ( Before submitting your first set of evaluations, a minimum of 25 hours of educational supervision /1000 total must be completed)
- Eval 2 ( Before submitting your second set of evaluations, a minimum of 50 hours of educational supervision /2000 total completed)
- Eval 3 ( Before submitting your third set of evaluations, a minimum of 100 hours of educational supervision /4000 total completed)

Partial Supervision (Due to a change in status, i.e., change in supervisors, change in employment):

- Hours of supervision completed during this evaluation period:
- Total practice hours completed this evaluation period:

**\*\* This form must be completed for every evaluation period for the following licensure levels: LCSW.**

Supervisee Name:

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

Supervisee Home Address (Street, City, State, Zip):

Supervisee Home Email:

### **Supervisee Employment Information:**

Agency Name:  Name of Job Position:

Agency Address: (Street, City, State, Zip)

Agency Email Address:

### **Supervisee Phone Contact Information**

Work Phone:  Cell Phone:  Home Phone:

### **Supervisor Information:**

Supervisor Name:  Supervisor License Number:

Supervisor's Employing Agency:  Supervisor's Job Title:

Supervisor's Agency Address: (Street, City, State, Zip):

Supervisor Work Phone:  Supervisor Cell Phone:  Supervisor Email:

**Period of Supervision (include day/month/year):** From:  To:

Total hours of individual & group supervision this evaluation period:

Total practice hours under supervision this evaluation:  Total clinical hours under supervision this evaluation:

**Each Section MUST include comments in the area provided.**

Each area of the performance measure must be rated by circling the number that most accurately describes the supervisee.

**RATING SCALE**

- 1. C (Competence) - Consistently demonstrates awareness, knowledge and skills as a licensee under supervision for licensure.
- 2. EC (Emerging Competence) - Demonstrates beginning awareness, knowledge and skills as a licensee under supervision for licensure.
- 3. IP (Insufficient Progress) - Rarely demonstrates awareness, knowledge and skills as a licensee under supervision for licensure.
- 4. UP (Unacceptable Progress) - Never demonstrates awareness, knowledge and skills as a licensee under supervision for licensure.

All ratings require a comment in **ALL** of the comments section below. If the supervisee has given a rating of **UP or IP, a detailed explanation** of the rating is REQUIRED as to what was observed that led to that particular rating. For example, if a supervisee received a rating of IP (Insufficient Progress) on item A, "Demonstrates commitment to the profession of and organizational goals," the supervisor must provide a detailed explanation as to why this rating was offered.

**SOCIAL WORK PRACTICE**

A. Demonstrates knowledge of Human and personality development	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed
B. Demonstrates knowledge of psycho and group dynamics	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed
C. Demonstrates knowledge of family dynamics	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed
D. Demonstrates knowledge psychopathology	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed
E. Demonstrates knowledge of crisis intervention	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed
F. Demonstrates knowledge human relations	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed
G. Demonstrates knowledge of biological functioning on the client system	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed
H. Demonstrates knowledge of psychosocial functioning on the client system	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed

**COMMENTS ON SOCIAL WORK PRACTICE: REQUIRED**

Comments:

**DEMONSTRATES SKILL IN:**

- A. Assessing personality functioning/dysfunction C EC IP UP  Not Observed
- B. Assessing client system functioning/dysfunction C EC IP UP  Not Observed
- C. Ongoing evaluation of clientele and agency program policies and practices as applicable C EC IP UP  Not Observed
- D. Appropriate selection of intervention, including crisis, strategies and techniques in decision-making C EC IP UP  Not Observed
- E. Appropriate timing and handling of termination process C EC IP UP  Not Observed
- F. Integration of theory with practice skills C EC IP UP  Not Observed
- E. Seeking and using appropriate consultation from other disciplinary sources C EC IP UP  Not Observed

**COMMENTS ON SKILLS: REQUIRED**

Comments:

**Use of Supervision**

- A. Ability to use supervision to enhance professional growth and functioning C EC IP UP  Not Observed
- B. Demonstrates willingness to conduct periodic critical review of work and performance C EC IP UP  Not Observed
- C. Demonstrates self awareness and disciplined use of self in all professional relationships C EC IP UP  Not Observed

**COMMENTS ON USE OF SUPERVISION: REQUIRED**

Comments:

**AGENCY ADJUSTMENT**

- A. Demonstrates understanding of agency mission, functions, policies, procedures, org. goals, and relationships to other agencies. C EC IP UP  Not Observed
- B. Demonstrates sound interpretation & application of agency policies & practices in specific situations. C EC IP UP  Not Observed
- C. Demonstrates knowledge of strategies by which system changes can be made and ability to intervene appropriately. C EC IP UP  Not Observed
- D. Demonstrates ability to collaborate and to work cooperatively with colleagues, staff, and members of other disciplines. C EC IP UP  Not Observed
- E. Demonstrates ability to work effectively with community resources in serving clients and representing the employing agency and profession. C EC IP UP  Not Observed
- F. Demonstrates dependability and effectiveness in planning and organizing work, performing assigned tasks, and managing time and effort. C EC IP UP  Not Observed

**COMMENTS ON AGENCY ADJUSTMENT: REQUIRED**

Comments:

**VALUES AND ETHICS**

- A. Demonstrates how the values embraced by the social work profession (respect for strengths, dignity and worth of client system; non-judgmental attitude; cultural sensitivity; the right to self-determination, etc.) guide work with vulnerable and/or oppressed client systems. C EC IP UP  Not Observed
- B. Demonstrates and articulates how personal values may conflict with the values of the profession. C EC IP UP  Not Observed
- C. Recognizes how personal values may influence professional practice and guide or misguide practice decisions. C EC IP UP  Not Observed
- D. Demonstrates an understanding of ethical and legal obligations in fulfilling service roles and responsibilities with client systems. C EC IP UP  Not Observed

Comments:

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

**Comments of Supervisor: REQUIRED**

Comments:

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

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**Comments of Supervisee: REQUIRED**

Comments:

I have read the above Supervisor evaluation and understand I must offer a written comment regarding their assessment.

\_\_\_\_\_  
Signature of Supervisee

\_\_\_\_\_  
Date

This evaluation (ORIGINAL) must be submitted within (30 ) days of completing the period of supervision. The original SUPERVISION LOG & SUPERVISEE EVALUATION OF THE SUPERVISOR must also be submitted as part of the evaluation paperwork. No credit will be offered if we do not have ALL requested paperwork.