Board of Licensed Social Workers
State of Oklahoma

P.O. Box 18817
Oklahoma City, OK 73154
(405) 521-3712 (phone)

3700 Classen Blvd. STE 162
Oklahoma City, OK 73118

SUPERVISEE'S EVALUATION OF THE SUPERVISOR

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 **during each evaluation period**. This evaluation aids the Board Office in determining eligibility for Supervisors to maintain their BAS Status. This evaluation is based solely on the supervisee's perceptions of the role of the supervisor in providing educational supervision. **PLEASE INCLUDE ALL DEMOGRAPHIC INFORMATION.**

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:

This evaluation (ORIGINAL) must be submitted within (30) days of completing the period of supervision. The original SUPERVISION LOG and the CLINICAL EVALUATION (if under supervision for clinical licensure) or ADMINISTRATION EVALUATION (if under supervision for administrative licensure) must also be submitted as part of the evaluation paperwork. No credit will be offered if we do not have ALL requested paperwork. **YOU MUST INCLUDE COMMENTS IN ALL SECTIONS.** Any submitted paperwork deemed incomplete will be returned and this will delay confirmation of supervision hours accrued. Please remember to keep copies of EVERYTHING you send to this office. **DO NOT FAX OR EMAIL your Supervision paperwork!!! We cannot accept faxed or emailed copies at this time.**

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 supervisor.

RATING SCALE

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

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 supervisor received a rating of UP (unacceptable progress) on item A, "Use of Supervisory Time," the supervisee must provide a detailed explanation as to how the supervisor demonstrated this.

Management

A. Use of Supervisory time.	☐ C	☐ EC	☐ IP	☐ UP	☐ Not Observed
B. Prompt and available for scheduled supervisory meetings.	☐ C	☐ EC	☐ IP	☐ UP	☐ Not Observed
C. Meets obligations as outlined in the supervisor/supervisee contract.	☐ C	☐ EC	☐ IP	☐ UP	☐ Not Observed
D. Makes clear supervisor/supervisee roles, limits, expectations and objectives.	☐ C	☐ EC	☐ IP	☐ UP	☐ Not Observed
E. Preparation for supervisor/supervisee conferences.	☐ C	☐ EC	☐ IP	☐ UP	☐ Not Observed

COMMENTS ON PROFESSIONALISM: REQUIRED

Comments:

Educational Process

A. Knowledge of specialty area (clinical, administration, advanced generalist, etc.).	☐ C	☐ EC	☐ IP	☐ UP	☐ Not Observed
B. Established a positive climate for learning.	☐ C	☐ EC	☐ IP	☐ UP	☐ Not Observed
C. Explains usefulness of the content/subject matter being discussed.	☐ C	☐ EC	☐ IP	☐ UP	☐ Not Observed
D. Makes learning meaningful in terms of supervisee's goals, needs, and focus of supervision.	☐ C	☐ EC	☐ IP	☐ UP	☐ Not Observed
E. Respects and acknowledges supervisee's knowledge and skill set.	☐ C	☐ EC	☐ IP	☐ UP	☐ Not Observed
F. Provides feedback and support in a constructive and helpful manner.	☐ C	☐ EC	☐ IP	☐ UP	☐ Not Observed
G. Provides supervisee an opportunity to question, discuss, object, and express doubt.	☐ C	☐ EC	☐ IP	☐ UP	☐ Not Observed

COMMENTS ON EDUCATIONAL PROCESS: 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 descisions.	☐ 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 ON VALUES AND ETHICS: REQUIRED

Comments:

Comments of Supervisee: REQUIRED

(Supervisee's general assessment and overall impression of the supervisor's ability; Please note specific areas of needed growth.)

Comments:

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

Signature of Supervisee

Date

Comments of Supervisor: REQUIRED

Comments:

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

Signature of Supervisor

Date

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