

# Board of Licensed Social Workers State of Oklahoma

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Oklahoma City, OK 73118

## **Evaluation for LSW or LSW- ADMIN Advanced Practice:**

- Eval One ( Before submitting your 6 month evaluation, a minimum of 25 hours of educational supervision /1000 total must be completed)
- Eval Two ( Before submitting your 12 month evaluation, a minimum of 50 hours of educational supervision /2000 total completed)
- Final Eval ( Before submitting your 24 month evaluation, 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: LSW OR LSW-ADM.**

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:

**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 UP (Unacceptable Progress) on item A, "Demonstrates commitment to the profession of and organizational goals," the supervisor must provide a detailed explanation as to how the supervisee demonstrated this.

**Social Work Practice**

A. Demonstrates social work goals, values and ethics in fulfilling administrative responsibilities to clients, agency and community.	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed
B. Demonstrates ethical and cultural considerations in policy making and public relations.	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed
C. Demonstrates professional behavior in administrative relationships and as a representative of the agency for which they are employed.	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed
D. Demonstrates an understanding of personnel management and the importance of aligning personnel to positions that suit individual strengths.	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed
E. Demonstrates and understanding of fiscal management and it's impact on operation of the agency.	<input type="checkbox"/> C	<input type="checkbox"/> EC	<input type="checkbox"/> IP	<input type="checkbox"/> UP	<input type="checkbox"/> Not Observed
F. Demonstrates an overall knowledge of agency functioning.	<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:

**Policy Development**

- A. Utilizes agency processes in program planning, policy development and program evaluation. C EC IP UP  Not Observed
- B. Seeks guidance and input for strategic planning and final decision making. C EC IP UP  Not Observed
- C. Demonstrates an understanding of prioritizing programmatic work relative to agency needs and personnel evaluation and assignment. C EC IP UP  Not Observed
- D. Demonstrates strong written and verbal communication skills when collaborating with staff, community agencies and other stakeholders. C EC IP UP  Not Observed

**COMMENTS ON POLICY: REQUIRED**

Comments:

**Use of Supervision**

- A. Demonstrates ability to organize and prepare for maximum use of supervision including enhancement of professional growth and functioning. C EC IP UP  Not Observed
- B. Demonstrates ability to engage in use of critical self appraisal as evidenced by increasing self awareness. C EC IP UP  Not Observed
- C. Utilizes supervision for feedback and ongoing development. C EC IP UP  Not Observed
- D. Actively seeks out and utilizes supervisory consultation for guidance and feedback toward the improvement of skills necessary for practice. 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 ON VALUES AND ETHICS: REQUIRED**

Comments:

**Comments of Supervisor: REQUIRED**

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

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.