

Louisiana State Board of Social Work Examiners
18550 Highland Road, Suite B
Baton Rouge, LA 70809
Telephone: 225-756-3470 or Toll-free (LA only) 800-521-1941

EVALUATION OF SUPERVISION

Supervisee: _____ LMSW # _____

Supervisor: _____ LCSW-BACS # _____

I, _____ (*supervisor*) certify that I have supervised
_____ (*supervisee*) at least 2 hours of

supervision for every 80 hours of work while employed by the following agency or agencies:

1. _____
2. _____
3. _____

If you have been employed by additional agencies, please include an attachment listing your employing agencies.

I certify that the supervisee completed a total of: _____ Individual _____ Group
supervision hours under my supervision. The supervisee worked a total of _____

work hours in a social work position during this supervision period.
(This total must be verified from the employing agency or agencies and does not include paid time off-vacation, sick leave or holidays.)

The first supervisory session was held on _____ (*month, day, year*)

The last supervisory session was held on _____ (*month, day, year*)

Evaluation of Supervisee

This evaluation is a tool used to evaluate the focus of supervision listed on the Supervision Contract. The supervisor is required to honestly rate the supervisee and support the ratings with an overall narrative statement. Please mark your response to each item with a X.

Evaluate the supervisee on the following:	Poor	Average	Above Average	Superb
Ethical Standards of Practice <i>apply social work values and ethics in practice</i>				
Relationships with Clients <i>develop, maintain and terminate client relationships</i>				
Relationships with other Professionals, Groups & Communities <i>develop and maintain other professional relationships</i>				
Cultural Competence and Social Diversity <i>understand and engage people from diverse cultures</i>				
Intervention Process <i>formulate assessments and implement interventions that result in problem resolution or improvement</i>				
Application of Theory <i>understand, explain and apply social work theories in practice</i>				
Oral Communication <i>participate verbally in discussions, exchange thoughts and ideas, make clear presentations and/or interact with a variety of audiences</i>				
Documentation <i>maintain accurate records of social work intervention and follow agency and best practice guidelines</i>				
Self-Evaluation and Professional Development <i>assess one's professional develop and accept responsibility for personal learning and professional growth</i>				
Social Policy and Social and Economic Justice <i>Understands the relationship between policy and practice and advocates for clients' needs.</i>				

The supervisor is also required to support these ratings with narrative statements. You may attach a supplemental narrative, if necessary.

Recommendation and Signatures

Please indicate whether you recommend the supervisee for licensure as an independent practitioner by checking one of the following:

highly recommend recommend recommend with reservation do not recommend

If you checked “recommend with reservation” or “do not recommend,” you are required to attach a detailed explanation.

Supervision was terminated for the following reason(s)

I certify the information above is true and correct to the best of my knowledge. I fully understand that all statements made on this form are subject to verification and that any false and misleading answer may be grounds for refusal and subsequent revocation or suspension of my BACS designation.

I acknowledge that the Board may require the supervisee to submit the original Record of Supervision to verify the face to face hours completed. I understand the supervisee must submit the original Evaluation of Supervision form and the original Professional Experience Verification Record for each employment experience to verify all post MSW social work practice hours needed to fulfill the 5,760 work hour requirement.

The supervisee acknowledges s/he must submit the original required forms to the Board office once all the supervision requirements are met. Further, the supervisee must submit the application for LCSW with the required forms in order for the Board to review and grant approval to take the ASWB Clinical examination. The application is available on the LABSWE website and must be submitted online.

LCSW-BACS Supervisor’s Signature

Date

Supervisee’s Signature

Date

The **original** Evaluation of Supervision shall be mailed to:
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