

# Louisiana Board of Social Work Examiners

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<http://www.labswe.org>

**PERFORMANCE EVALUATION FOR PERIOD COVERING:** \_\_\_\_\_  
(Months Covered) (Year)

SW Name: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Sched/Hrs Worked: \_\_\_\_\_

**Please rate by circling the appropriate number and provide comments in the space provided.  
(Excellent = 5; Above Average = 4; Average = 3; Needs Improvement = 2; Poor = 1)**

<u>Work Performance</u>	<u>Rating</u>	<u>Comments</u>
Attendance:	5 4 3 2 1	_____
Absent Days ____ (Circle: W / WO Explanation) Tardy Days ____ (Circle: W / WO Explanation)		
Adheres to Work Place Policies/Procedures:	5 4 3 2 1	_____
Record Keeping:	5 4 3 2 1	_____
Organizes/Plans Work/Completes Assignments:	5 4 3 2 1	_____
Demonstrates Skill in Practice	5 4 3 2 1	_____
Manages Stressful Situations:	5 4 3 2 1	_____
Handles Complex Tasks/Functions Independently:	5 4 3 2 1	_____
Exhibits Appropriate Decision Making Skills:	5 4 3 2 1	_____

<u>Interpersonal Relations</u>	<u>Rating</u>	<u>Comments</u>
Works as a Team Member:	5 4 3 2 1	_____
Communications Skills:	5 4 3 2 1	_____
Professional demeanor with clients/peers:	5 4 3 2 1	_____
Professional in Appearance:	5 4 3 2 1	_____

**Professional behavioral changes/concerns:** \_\_\_\_\_

**Other Comments:** \_\_\_\_\_

Commendations, counseling, other action [attach documentation to Performance Evaluation].

Worksite Monitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name/Title: \_\_\_\_\_

Worksite Monitor's Telephone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Reviewed with Social Worker? Yes \_\_\_ No \_\_\_ If no, Explain: \_\_\_\_\_

Social Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail ORIGINAL Performance Evaluation to LABSWE-IPP, making copy for SW & file.**