This evaluation is a tool to evaluate indicators of achievement. The supervisor is **required** to:

- Honestly rate the LMSW and
- Support the rating with narrative statements.

[The word “client” means individuals, families, groups, organizations or communities.]

This evaluation form uses the following rating scale:

- N/A = not able to observe *explanation required*
- 0 = not at all
- 1 = rarely
- 2 = occasionally
- 3 = most of the time
- 4 = consistently

Please mark the most honest response to each item with a X.

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**I. ETHICS**

Applies social work values and ethics in carrying out professional responsibilities.

N/A ___ 0 ___ 1 ___ 2 ___ 3 ___ 4 ___

Narrative:
II. PROFESSIONAL GROWTH
Accepts responsibility for personal learning and professional growth.
N/A___ 0___ 1___ 2___ 3___ 4___

Narrative:

III. RELATIONSHIPS
Develops, maintains and terminates appropriate professional relationships with clients, other professionals, groups, and communities.
N/A___ 0___ 1___ 2___ 3___ 4___

Narrative:

IV. SOCIAL WORK PROCESS
Applies theory, formulates assessment of clients and implements effective interventions resulting in resolution of problems/issues.
N/A___ 0___ 1___ 2___ 3___ 4___

Narrative:

V. EVALUATION
Monitors and evaluates one’s own professional practice.
N/A___ 0___ 1___ 2___ 3___ 4___

Narrative:

Evaluation continued on next page.
VI. COMMUNICATION
Communicates effectively with others orally and in writing.
N/A___  0___  1___  2___  3___  4___

Narrative:

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” attach a detailed explanation.

Supervision was terminated for the following reason(s):

Supervisee’s signature:_____________________________________ Date:_________________

Supervisor’s signature:_____________________________________ Date:_________________

The original Evaluation of Supervision shall be mailed to:
Louisiana State Board of Social Work Examiners
18550 Highland Road, Suite B
Baton Rouge, LA 70809

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