Board of Licensed Social Workers State of Oklahoma

Post Office Box 18817 Oklahoma City, OK 73154 (405) 521-3712



4545 N. Lincoln Blvd., Suite 162 Oklahoma City, OK 73105 (405) 521-3715

Evaluation for Social Work Administrative Practice:

| 6 months (Before submitting your 6 month evaluation, a mininum of 25 hours of educational supervision /1000 total must be completed) |
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| 12 months (Before submitting your 12 month evaluation, a minimum of 50 hours of educational supervision /2000 total completed) |
| 24 months (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-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 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. AC (Advanced Competence) - **Expertly** demonstrates awareness, knowledge and skills as a licensee under supervision for licensure.

2. C (Competence) - Consistently demonstrates awareness, knowledge and skills as a licensee under supervision for licensure.

3. EC (Emerging Competence) - Demonstrates beginning awareness, knowledge and skills as a licensee under supervision for licensure.

4. IP (Insufficient Progress) - Rarely demonstrates awareness, knowledge and skills as a licensee under supervision for licensure.

5. UP (Unacceptable Progress) - Never demonstrates awareness, knowledge and skills as a licensee under supervision for licensure.

All ratings require a comment in <u>ALL</u> of the comments section below. If the supervisee has given a rating of <u>UP, IP, or AC</u>, <u>a detailed</u> <u>explanation</u> 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 AC (far exceeds expectations) 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. | AC | С | EC | I P | UP | Not Observed | | | |
| B. Demonstrates ethical and cultural considerations in policy making and public relations. | AC | С | EC | I P | UP | Not Observed | | | |
| C. Demonstrates professional behavior in administrative relationships and as a representative of the agency for which they are employed. | AC | С | EC | I P | UP | Not Observed | | | |
| D. Demonstrates an understanding of personnel management and the importance of aligning personnel to positions that suit individual strengths. | AC | С | EC | I P | UP | Not Observed | | | |
| E. Demonstrates and understanding of fiscal management and it's impact on operation of the agency. | AC | С | EC | I P | UP | Not Observed | | | |
| F. Demonstrates an overall knowledge of agency functioning. | AC | С | EC | I P | UP | Not Observed | | | |
| | | | | | | | | | |

COMMENTS ON SOCIAL WORK PRACTICE: REQUIRED

Comments:

| Policy Development | | | | | | | | |
|--|----|---|----|-------------|----|--------------|--|--|
| A. Utilizes agency processes in program planning, policy development and program | AC | С | EC | IP | UP | Not Observed | | |
| evaluation. B. Seeks guidance and input for strategic planning and final decision making. | AC | С | EC | ∏ IP | UP | Not Observed | | |
| C. Demonstrates an understanding of prioritizing programmatic work relative to agency needs and personnel evaluation and assignment. | AC | С | EC | I P | UP | Not Observed | | |
| D. Demonstrates strong written and verbal communication skills when collaborating with staff, community agencies and other stakeholders. | AC | 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. | | С | EC | □ IP | UP | Not Observed | | | |
| B. Demonstrates ability to engage in use of critical self appraisal as evidenced by increasing self awareness. | AC | C | EC | ШIР | UP | Not Observed | | | |
| C. Utilizes supervision for feedback and ongoing development. | AC | С | EC | IP | UP | Not Observed | | | |
| D. Actively seeks outs 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:

| AGE | AGENCY ADJUSTMENT | | | | | | | | | |
|---|-------------------|---|----|-------------|----|--------------|--|--|--|--|
| A. Demonstrates understanding of agency mission, functions, policies, procedures, org. goals, and relationships to other agencies. | AC | C | EC | ∏ IP | UP | Not Observed | | | | |
| B. Demonstrates sound interpretation & application of agency policies & practices in specific situations. | AC | C | EC | ∏ IP | UP | Not Observed | | | | |
| C. Demonstrates knowledge of strategies by which system changes can be made and ability to intervene appropriately. | AC | C | EC | ∏ IP | UP | Not Observed | | | | |
| D. Demonstrates ability to collaborate and to work cooperatively with colleagues, staff, and members of other disciplines. | AC | С | EC | □ IP | UP | Not Observed | | | | |
| E. Demonstrates ability to work effectively with community resources in serving clients and representing the employing agency and profession. | AC | С | 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 | | | | | | | | | |
| (respect for strengths, dig attitude; cultural sensitiv | e values embraced by the social work profession gnity and worth of client system; non-judgmental ity; the right to self-determination, etc.) guide work ppressed client systems. | AC | С | EC | ∏ IP | UP | Not Observed | | |
| B. Demonstrates and arti values of the profession. | culates how personal values may conflict with the | AC | С | EC | □ IP | UP | Not Observed | | |

AC

AC

C

C

EC

EC

∏ IP

ΠIP

UP

UP

Not Observed

Not Observed

C. Recognizes how personal values may influence professional practice and guide or misguide practice descisions.

D. Demonstrates an understanding of ethical and legal obligations in fulfilling service roles and responsibilities with client systems.

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

This evaluation (ORIGINAL) must be submitted within (30) days of completing the period of supervision. The original SUPERVISION LOG, GENERAL EVALUATION, & 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.

Date