

EVALUATION OF SUPERVISION FOR CSW-PIP CANDIDATE

SOUTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS

810 North Main #298

Spearfish, SD 57783

(605) 642-1600

Supervisee: _____ Supervisor: _____

Date Evaluation Completed: _____

Evaluation Dates From: _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

Please Circle CSW Evaluation Period: 6 months 12 months 18 months

Supervisor: Please type or print legibly in black or blue ink. You are required to honestly rate the CSW and support the rating with the necessary narrative statements. Please attach a separate sheet as needed. Be sure that both you and your Supervisor sign the last page of this review.

Please use the following rating scale:

N/A = Not able to observe ***explanation still required**

0 = Not at all

1 = Rarely

2 = Occasionally

3 = Most of the time

4 = Consistently

I. ETHICS

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

N/A 0 1 2 3 4

Narrative:

2. Shows a commitment to the Social Work profession and its values and ethics.

N/A 0 1 2 3 4

Narrative:

II. PROFESSIONAL GROWTH

3. Applicant recognizes and accepts the role of learner, shows a commitment to continued professional learning, reflects on and generalizes learning from one experience to another, values and uses supervisor feedback.

N/A 0 1 2 3 4

Narrative:

4. Applicant has the ability to structure time and resources; utilizes personal characteristics and feelings to obtain maximum benefit of resources for client (i.e. follows through on referrals and work assignments; adheres to time commitments; prompt, organized and concise in record keeping).

N/A 0 1 2 3 4

Narrative:

5. Applicant has the ability to objectively identify and assess own behaviors, feelings, and beliefs that may impact service delivery.

N/A 0 1 2 3 4

Narrative:

III. RELATIONSHIPS

6. Applicant properly develops, maintains and terminates relationships with clients. Promotes conditions fostering trust in a professional relationship that allows for growth, self-discovery, and change.

N/A 0 1 2 3 4

Narrative:

IV. SOCIAL WORK PROCESS

7. Applicant has the ability to formulate and implement treatment approaches and strategies for problem resolution.

N/A 0 1 2 3 4

Narrative:

8. Applicant has the ability to formulate a diagnostic assessment. Systematically gathers, organizes, and synthesizes data to determine the parameters of the problem.

N/A 0 1 2 3 4

Narrative:

V. COMMUNICATION

9. Applicant is able to effectively communicate with others both orally and in writing.

N/A 0 1 2 3 4

Narrative:

Please make any additional comments below as needed:

Supervisor's Signature

Date (mm/dd/yyyy)

This evaluation has been reviewed with me and I have received a copy for my own personal records.

Supervisee's Signature

Date (mm/dd/yyyy)

Mail the **original** evaluation form to:

South Dakota Board of Social Work Examiners
810 N. Main St., #298
Spearfish, SD 57783
(605) 642-1600