



South Dakota
Board of Social Worker Examiners
 810 N. Main St., #298
 Spearfish, SD 57783-2446

Please Print

Supervisee: _____

Supervisor: _____

Date Completed: _____

COMPLETION OR TERMINATION OF SUPERVISION

GENERAL INSTRUCTIONS TO SUPERVISORS COMPLETING THIS FORM:

1. Please complete all items. Please print or type.
2. The Board assumes that you, in recommending this candidate, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you at a later date.

I, _____, License # _____
 Licensed as a psychologist; CSW-PIP; or psychiatrist in the state of South Dakota, certify that I supervised _____,
 in the field of social work while employed at _____,
 from _____ to _____, who worked _____ hours per week.
 I gave _____ hours of supervision per week for a total of _____ hours of supervision.

1. Title of supervisee's position: _____

2. Supervisee's duties and responsibilities: _____

3. Supervision completed as required in SDCL 36-26-17.(2): Yes No

4. Reason for termination or interruption of supervision: _____
 or supervision completed: _____.

5. Extent of knowledge of supervisee's professional and ethical behaviors:

- Limited Moderate Thorough

6. In your opinion, do you certify that the supervisee meets the qualifications of South Dakota licensure law? Yes No

7. Please check the appropriate box: I, highly recommend; recommend, recommend with reservation, do not recommend the supervisee for licensure as a CSW-PIP.

Attach a detailed explanation if you checked recommend with reservation or do not recommend.

NAME AND TITLE OF SUPERVISOR: _____

TELEPHONE: _____

ADDRESS: _____

SIGNATURE OF SUPERVISOR: _____

CITY/STATE/ZIP: _____

DATE: _____

The Original of this form must be mailed to:

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