



CLINICAL SOCIAL WORK ASSOCIATE 6 MONTH EVALUATION REPORT

FORM 7

If you have more than one supervisor have each of them complete a separate report, but only document work hours and client hours on one report, so we do not duplicate the hours. To remain in compliance with the Statutes and Rules CSWAs are required to meet with their supervisor no less than two times per month for one hour each meeting. If you have two supervisors this can be met with at least one meeting each month with each supervisor. Six month reports are due within 30 days of the due date. Incomplete forms will be returned for completion.

CSWA NAME: _____ Certificate # A _____

Reporting Period: _____ - to - _____ Report: 1, 2, 3, 4, 5, 6, 7, and 8
(From) (To)

SUPERVISION:

Total work hours this reporting period _____ Total direct client Hours this reporting period _____

Individual Supervision Hours for this report _____ # Group Supervision Hours for this report _____

1. Briefly describe your supervision sessions _____

2. What theory base or therapy does the CSWA use in their practice? _____

3. Evaluate the strengths and weaknesses of the CSWA _____

4. Describe the CSWAs professional growth over the last six month period _____

5. Describe goals for the next six month period _____

6. Does the CSWA demonstrate an understanding of the Board of Licensed Social Workers Statutes and Rules that govern social work practice in Oregon? [] Yes [] No

7. Does the CSWA routinely practice the Code of Ethics? [] Yes [] No

Do you routinely discuss these two topics during your supervision? [] Yes [] No

8. How many case files did you review with the CSWA? _____

9. Does the CSWA demonstrate an understanding of diagnosis and treatment planning? [] Yes [] No

If (No), briefly describe your concerns and use additional pages as necessary _____

10. Do you have any concerns about the CSWAs practice or becoming licensed? [] Yes [] No

If (Yes), briefly describe your concerns and use additional pages as necessary _____

LCSW Supervisor Signature

Date

CSWA Signature

Date

Mail this form to: State Board of Licensed Social Workers
3218 Pringle Rd. SE, Suite 240
Salem, OR 97302-6310

Questions - Call (503) 373-1159
E-mail – pam.johansen@state.or.us