



OREGON BOARD OF LICENSED SOCIAL WORKERS

CSWA ~ CANDIDATE (ELIGIBLE FOR LCSW CANDIDATE ONCE EXAM PASSED) (6) MONTH EVALUATION REPORT

FOR OFFICE USE ONLY ~ RECEIVED ON:

AS PART OF THE CANDIDATE PLAN OF SUPERVISION, YOU ARE REQUIRED TO MEET WITH AN LCSW SUPERVISOR WHO HAS BEEN APPROVED BY THE BOARD, **ONE TIME PER MONTH, FOR NOT LESS THAN ONE HOUR.** YOU WILL NEED TO REMAIN UNDER SUPERVISION UNTIL ALL REQUIREMENTS HAVE BEEN MET TO COMPLETE THE LICENSURE PROCESS.

CSWA NAME:
Last Name, First Name Middle Initial

CERTIFICATE #

REPORTING PERIOD:
(Start Date) TO
(End Date)

Report: (#1) (#2) (#3) (#4) (Other #)

SUPERVISION:

NUMBER OF WEEKLY HOURS WORKED:.....

NUMBER OF WEEKLY CLIENT HOURS WORKED:.....

TOTAL NUMBER OF SUPERVISION HOURS FOR THIS REPORT:.....

1. BRIEFLY DESCRIBE YOUR SUPERVISION SESSIONS & WHAT MEASURES THE CSWA IS TAKING TO PREPARE FOR THE ENTRY INTO LICENSED PRACTICE OF SOCIAL WORK:

2. DESCRIBE THE CSWA'S PROFESSIONAL GROWTH IN THE LAST (6) MONTHS:

3. DO YOU HAVE ANY CONCERNS ABOUT THE CSWA PRACTICING UNSUPERVISED SOCIAL WORK? IF SO, DESCRIBE IN DETAIL:

SIGNATURES REQUIRED ON BACK PAGE IN ORDER TO BE VALID & COMPLETE:

Mail this form to: OREGON STATE BOARD OF LICENSED SOCIAL WORKERS
ATTN: CSWA COORDINATOR
3218 PRINGLE ROAD S.E., SUITE #240
SALEM, OR 97302-6310

QUESTIONS? ☎: 503.378.5735
✉: Oregon.BLSW@state.or.us

CSWA CANDIDATE (6) Month Eval Form Updated: MAY 2013

APPROVED BY: _____ DATE: _____

CLINICAL SUPERVISOR

(PERSON WHO DOES YOUR SUPERVISION)

(Print Name of LCSW Supervisor)

(License #)

(Signature of LCSW Supervisor)

(Date)

(Email)

(Telephone)

C.S.W.A

(Print Name of CSWA)

(Signature of CSWA)

(Date)

877-020-0010 ~ PLAN OF PRACTICE & SUPERVISION

- (1) After a person submits an application described in OAR 877-020-0009, the board will inform the person whether the application, including the plan of practice and supervision, is approved.
- (2) After an application has been approved, an associate may request a change to a plan of practice and supervision by submitting a request to the board that provides a justification for the change and ensures that the plan, as modified, will meet the requirements of this division of rules.
- (3) For the associate to satisfactorily complete a plan of practice and supervision, the following requirements must be met while the associate is working under an approved plan of practice and supervision:
 - (a) The contact with clients described in OAR 877-020-0009(4)(b) must be direct contact during which the associate practices clinical social work, which is defined in ORS 675.510(2).
 - (b) The associate must meet with a supervisor identified in the plan, as required in OAR 877-020-0009(4)(d):
 - (A) For a total of 100 hours over a period of not less than 24 consecutive months nor more than 60 consecutive months, of which a minimum of 50 hours must be individual supervision. The associate must meet at least twice each month with a plan supervisor for a minimum of one hour. If there is a second supervisor for group supervision, the requirement in this paragraph (A) is met by a single one-hour meeting with each supervisor.
 - (B) After the associate has completed the plan requirements contained in paragraph (A) of this sub-section, the associate must continue to meet at least once each month with a plan supervisor for a minimum of one hour.
 - (c) All supervision must be accomplished directly, in a professional setting.
 - (d) The associate must submit to the board, on a form provided by the board, each evaluation by the supervisor (or supervisors in the event two are authorized) required by OAR 877-020-0012(2)(e)(A) of the progress by the associate toward completion of the plan.
 - (e) The associate must pass the national examination required by OAR 877-020-0008.
 - (f) The associate must work with each supervisor identified in an approved plan for not less than six months unless
 - (A) A change in supervision is required by a reason outside the control of the associate and the board approves the change; or
 - (B) The associate has completed the requirements of the plan.

Stat. Auth.: ORS 675.510 - 675.600 & 675.990

Stats. Implemented: ORS 675.537

Hist.: BCSW 1-1982, f. & ef. 1-29-82; BCSW 1-1986, f. & ef. 7-7-86; BCSW 1-1987, f. & ef. 12-29-87; BCSW 2-1990, f. & cert. ef. 7-13-90; BCSW 2-1991, f. & cert. ef. 5-30-91; BCSW 1-1992, f. & cert. ef. 6-30-92; BCSW 2-1993, f. & cert. ef. 10-13-93; BCSW 2-2003, f. & cert. ef. 12-22-03; BCSW 1-2008, f. 6-27-08, cert. ef. 7-1-08; BLSW 3-2010, f. 12-15-10, cert. ef. 1-1-11; BLSW 1-2011(Temp), f. & cert. ef. 7-5-11 thru 12-31-11; BLSW 2-2011, f. & cert. ef. 12-29-11; BLSW 1-2012, f. 12-14-12, cert. ef. 1-1-13