

CSWA CANDIDATE 6 MONTH EVALUATION REPORT

Form 9B

Candidates that have completed their hours and are approved to take the exams must remain under supervision until they have completed the licensing process. This is done by meeting with an approved supervisor for 1 time each month for 1 hour each meeting. If you have taken the exam 2 times without passing you will be required to send a written request to the Board for permission to test a 3rd time that describes what steps you are taking to prepare for the exam. Send originals complete with all necessary signatures.

CANDIDATE'S NAME: _____

Report 1, 2, 3, 4

Reporting Period: _____ to _____
From To

Date scheduled to take exam _____

SUPERVISION

Hours Worked Per Week _____ Client Hours Per Week _____ # of Supervision Hours for this report _____

1. Briefly describe your supervision sessions and what measures the candidate is taking to prepare for the exam _____

2. Does the candidate demonstrate an understanding of diagnosis and treatment planning? Yes No

If "No", indicate how this deficiency will be addressed: _____

3. Describe the candidate's professional growth in the **last** six months: _____

4. Do you have any concerns about the Associate being licensed? If so briefly describe. _____

Supervisor's Signature

Date

Associate's Signature

(Associate's signature required to indicate that s/he has read the evaluation.)

Date

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

Questions - Call 503-378-5735
E-mail – pam.johansen@state.or.us
or sancha.alley@state.or.us