



OREGON BOARD OF LICENSED SOCIAL WORKERS

CLINICAL SOCIAL WORKER ASSOCIATE SUPERVISION REPORT

FOR OFFICE USE ONLY ~ RECEIVED ON:

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 your hours are not duplicated. To remain in compliance with the Board's Statutes and Rules, CSWA's are required to meet with their supervisor, no less than (2) two times per month, for (1) one hour each meeting.

If you have two supervisors, this can be met with at least (1) meeting each month with each supervisor. Supervision reports are due within (30) days of the due date. Incomplete forms will be returned for completion.

CSWANAME:

Last Name, First Name Middle Initial

CERTIFICATE#

A

Reporting Period:

(Start Date)

TO

(End Date)

Report:

☐

(#1)

☐

(#2)

☐

(#3)

☐

(#4)

☐

(Other#)

☐

(FINAL)

➔ Accurately report hours for the specific period above. This is NOT a cumulative total.

NAME of AGENCY(IES) YOU ARE REPORTING HOURS FOR:

1.

2.

SUPERVISION:

TOTAL WORK HOURS this reporting period:

TOTAL DIRECT CLIENT HOURS this reporting period:

of INDIVIDUAL SUPERVISION HOURS for this report:

of 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 CSWA'S PROFESSIONAL GROWTH OVER THE LAST REPORTING PERIOD:

5. DESCRIBE GOALS FOR THE NEXT REPORTING PERIOD:

6. DOES THE CSWA DEMONSTRATE AN UNDERSTANDING OF THE BOARD OF LICENSED SOCIAL WORKER'S STATUTES & RULES THAT GOVERN THE SOCIAL WORK PRACTICE IN OREGON? YES ☐ NO ☐
7. DOES THE CSWA ROUTINELY PRACTICE THE CODE OF ETHICS?: YES ☐ NO ☐
8. DO YOU ROUTINELY DISCUSS THESE TWO TOPICS DURING YOUR SUPERVISION? YES ☐ NO ☐
9. HOW MANY CASE FILES DID YOU REVIEW WITH THE CSWA?
10. DOES THE CSWA DEMONSTRATE AN UNDERSTANDING OF DIAGNOSIS & TREATMENT PLANNING? YES ☐ NO ☐
IF (NO), BRIEFLY DESCRIBE YOUR CONCERNS:
11. DO YOU HAVE ANY CONCERNS ABOUT THE CSWA'S PRACTICE OR BECOMING LICENSED? YES ☐ NO ☐
IF (YES), BRIEFLY DESCRIBE YOUR CONCERNS:

L.C.S.W.
SUPERVISOR

<input type="text"/>	<input type="text"/>	<input type="text"/>
(Print Name of Supervisor)	(License #)	(Signature of Clinical Supervisor)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Date)	(Email)	(Telephone)

C.S.W.A

<input type="text"/>	<input type="text"/>
(Print Name of CSWA)	(Signature of CSWA)
<input type="text"/>	<input type="text"/>
(Date)	(Telephone)

Submit this form via your licensee portal at:

<https://blsw.us.thentiacloud.net/webs/blsw/service/#!/login>

QUESTIONS? ☎: 503.378.5735

⇒ It is your responsibility to ensure reports are submitted in a timely manner

✉: Oregon.BLSW@oregon.gov

⇒ You will have 30 days from the end of your renewal period to submit

APPROVED BY: _____ DATE: _____

CSWA Supervision Form Updated: APRIL 2021