

Louisiana State Board of Social Work Examiners  
18550 Highland Road, Suite B  
Baton Rouge, LA 70809  
Telephone: 225-756-3470 or Toll-free (LA only) 800-521-1941

**EVALUATION OF SUPERVISION**

Supervisee: \_\_\_\_\_ LMSW # \_\_\_\_\_

Supervisor: \_\_\_\_\_ LCSW-BACS # \_\_\_\_\_

This evaluation is a tool to evaluate indicators of achievement. The supervisor is required to:

- Honestly rate the LMSW and
- Support the rating with narrative statements.

[The word “client” means individuals, families, groups, organizations or communities.]

This evaluation form uses the following rating scale:

N/A = not able to observe **\*explanation required**

0 = not at all

1 = rarely

2 = occasionally

3 = most of the time

4 = consistently

Please mark the most honest response to each item with a X.

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**I. ETHICS**

Applies social work values and ethics in carrying out professional responsibilities.

N/A\_\_\_ 0\_\_\_ 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_

Narrative:

**II. PROFESSIONAL GROWTH**

Accepts responsibility for personal learning and professional growth.

N/A\_\_\_ 0\_\_\_ 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_

Narrative:

**III. RELATIONSHIPS**

Develops, maintains and terminates appropriate professional relationships with clients, other professionals, groups, and communities.

N/A\_\_\_ 0\_\_\_ 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_

Narrative:

**IV. SOCIAL WORK PROCESS**

Applies theory, formulates assessment of clients and implements effective interventions resulting in resolution of problems/issues.

N/A\_\_\_ 0\_\_\_ 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_

Narrative:

**V. EVALUATION**

Monitors and evaluates one's own professional practice.

N/A\_\_\_ 0\_\_\_ 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_

Narrative:

*Evaluation continued on next page.*

**VI. COMMUNICATION**

Communicates effectively with others orally and in writing.

N/A\_\_\_ 0\_\_\_ 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_

Narrative:

Indicate whether you recommend the supervisee for licensure as an independent practitioner by checking one of the following:

highly recommend    recommend    recommend with reservation    do not recommend

If you checked “recommend with reservation” or “do not recommend” attach a detailed explanation.

Supervision was terminated for the following reason(s):

Supervisee’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

The **original** Evaluation of Supervision shall be mailed to:  
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