

IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS
Bureau of Occupational Licenses
700 West State Street, P.O. Box 83720
Boise, ID 83720-0063
swo@ibol.idaho.gov

CLINICAL SOCIAL WORK
FINAL SUPERVISION REPORT

Supervision reports shall be submitted from each supervisor directly to the Board within thirty (30) days following each six (6) month period. Failure of the supervisor to submit the required reports in a timely manner may result in the supervisor being restricted by the Board from providing further supervision.

Evaluations are to be completed at six-month intervals beginning six months from commencement of supervision. Failure to submit periodic reports may result in denial of clinical licensure for your supervisee.

NAME OF SUPERVISEE: _____

BEGINNING AND ENDING DATES OF SUPERVISION
PERIOD: _____

IDAHO STATE LICENSE NUMBER: LMSW _____

1. Total number of Clinical hours performed by the supervisee: _____

2. Total number of hours of direct client contact: _____

3. Total number of indirect hours performed: _____

4. Total number of individual supervision hours: _____

NOTE: These hours are cumulative for the entire supervision period.

5. Evaluation of your supervisee, including clinical skills and knowledge and his/her application of knowledge and skills in clinical work. (Please feel free to use additional space as needed)

6. Briefly describe the setting in which the candidates clinical work is being performed.

7. Do you have any reservations regarding the candidate's ability to perform as a clinical social worker? If so, please explain. (Please use additional space as needed)

NAME OF SUPERVISOR: _____ DISCIPLINE AND DEGREE: _____

LICENSE NUMBER (include State of licensure) _____

Signature

My supervisor has discussed the information in this report with me. _____

Signature of Supervisee

Date

Please note this document will become part of the applicant's file and the applicant has the right to request anything from the file.