IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS
Idaho Bureau of Occupational Licenses
700 West State Street, Boise ID 83702 or
PO Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-mail: swo@ibol.idaho.gov

Clinical Social Work Supervisor Report Form

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: _____

DATES OF SUPERVISION PERIOD: From:_____ To:_____

IDAHO STATE LICENSE NUMBER: LMSW-_____

SUPERVISION HOURS FOR THIS REPORT:

1. Number of Clinical hours performed by the supervisee for this report: _____
2. Number of indirect hours for this report: _____
3. Number of hours of direct client contact for this report: _____
4. Number of individual supervision hours for this report: _____

TOTAL CUMULATIVE SUPERVISION HOURS FOR ALL REPORTS INCLUDING THIS ONE:

5. Total number of Clinical hours performed by the supervisee to date: _____
6. Total number of hours of direct client contact to date: _____
7. Total number of indirect hours performed to date: _____
8. Total number of individual supervision hours to date: _____
   NOTE: Hours for 5-8 are cumulative for the entire supervision period.
9. 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)
   _____
   _____
   _____
10. Briefly describe the setting in which the candidates clinical work is being performed.
    _____
    _____
    _____

11. 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)

_____

_____

Print Supervisor Name: _____ Discipline & Degree _____

License Number (include State of licensure) _____ _____
Signature of Supervisor

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.