STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

ANNUAL SUPERVISION PROGRESS REPORT
CLINICAL SOCIAL WORKER

MISSOURI DIVISION OF PROFESSIONAL REGISTRATION
STATE COMMITTEE FOR SOCIAL WORKERS

INSTRUCTIONS

SUPERVISOR: Complete all items below and return the original (not a photocopy) of this annual supervision progress report as soon as possible to the Missouri Division of Professional Registration, State Committee for Social Workers. **DO NOT RETURN THIS FORM TO THE SUPERVISEE.** It is important that you complete all sections below.

Return completed form to:

Division of Professional Registration
State Committee for Social Workers
Post Office Box 1335
Jefferson City, Missouri 65102-1335
Telephone: (573) 751-0885 TDD 800 735-2966
http://www.pr.mo.gov E-mail: lcsw@pr.mo.gov

PLEASE CHECK ONE OF THE FOLLOWING

☐ TWELFTH (12) MONTH (MO-DAY-YEAR TO MO-DAY-YEAR)

☐ TWENTY-FORTH (24) MONTH (MO-DAY-YEAR TO MO-DAY-YEAR)

☐ THIRTY-SIXTH (36) MONTH (MO-DAY-YEAR TO MO-DAY-YEAR)

20 CSR 2263-2.032(12) "The supervisor shall provide annual reports of progress to the committee. These will be due on the anniversary date of the initial approval for the twelfth, twenty-forth, and thirty-sixth months of supervision. The annual report will provide an overview of the licensee's practice knowledge of the licensure statutes and rules, licensure scope of practice, understanding and adherence to approved standards of professional and ethical conduct, areas of continued growth and development, and accountability of supervision hours thus far in the process."

SUPERVISEE DATA

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)

2. ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)

SUPERVISOR DATA

3. SUPERVISOR NAME (LAST, FIRST, MIDDLE, MAIDEN)

4. TELEPHONE NUMBER (DAYTIME)

5. CURRENT OFFICE ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP CODE)

6. **PLEASE CHECK ALL THAT APPLY TO SUPERVISOR AT THE TIME OF SUPERVISION:**

☐ Missouri - License Number _____ ;

☐ Licensed social worker in another state, supervising in that state, with an equivalent license - State _____

License number _____ ; Original Issue Date _____ ; attach a copy of license.

7. LIST PLACES WHERE THE SUPERVISEE ENGAGES IN PROFESSIONAL EXPERIENCE UNDER YOUR SUPERVISION

AGENCY/FACILITIES	ADDRESS (STREET, CITY, STATE, ZIP)	DATE (MO-DAY-YEAR TO MO-DAY-YEAR)
A.		
B.		
C.		

8. NUMBER OF HOURS **PER WEEK** OF INDIVIDUAL FACE-TO-FACE, ONE-ON-ONE SUPERVISION. ▶

9. THE TOTAL NUMBER OF HOURS **PER WEEK** THE SUPERVISEE PERFORMS SOCIAL WORK DUTIES WHILE UNDER YOUR SUPERVISION. (THIS SHOULD INCLUDE THE APPLICANT'S TOTAL NUMBER OF HOURS WORKED, IN ADDITION TO THE FACE-TO-FACE, ONE-ON-ONE SUPERVISORY HOURS) ▶

10. EACH AREA OF PERFORMANCE **MUST** BE RATED BY CHECKING THE NUMBER THAT MOST ACCURATELY DESCRIBES THE SUPERVISEE.

RATING SCALE

1. Not Observed 2. Does Not Meet Expectations 3. Meets Expectations 4. Exceeds Expectations 5. Far Exceeds Expectations

SOCIAL WORK PRACTICE

Please rate and provide additional comments to support/explain ratings about the supervisee's knowledge, understanding and progress in the following areas:

A. Social work statutes and rules (including regulations regarding professional practice) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

B. Licensure scope of practice

1. Theoretical framework (social work theory, knowledge, values, methods and principles) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. Therapeutic delivery skills (use of evidence-based practice, current research-informed practice, psychotherapy) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. Assessment skills (use of conceptual frameworks (PIE, bio/psycho/social) to guide the processes of assessment, intervention and evaluation; collect data for client functioning) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. Diagnostic skills (identification of current DSM and ICD criteria to develop intervention goals) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. Program Administration/Community Organization (planning and consultation) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. Policy/Research (knowledge of current advocacy, policy, analysis and research for clients, agency, community and broader government bodies) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. Effective written communication (documentation, recording of the process and progress associated with clients) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. Respect for and attention to all aspects of diversity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

C. Professional and ethical conduct (knowledge, commitment and adherence to professional code of ethics) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please briefly describe the plan for continued growth and development (goals)

Please briefly describe the plan for continued progress over the next reporting period (objectives)

Do you believe the supervisee is on track to complete the licensure process with a recommendation for full licensure?

☐ Yes ☐ No (If no, please attach explanation)

11. TESTIMONY OF SUPERVISOR

I hereby affirm under penalties of perjury that the foregoing information which I have supplied is true and accurate to the best of my knowledge, information and belief.

SIGNATURE	DATE
▶	

12. TESTIMONY OF SUPERVISEE

I hereby affirm that I have reviewed the information contained in this supervision progress report.

SIGNATURE	DATE
▶	