

IOWA BOARD OF SOCIAL WORK
Iowa Department of Public Health/Bureau of Professional Licensure
Lucas State Office Bldg., 5th Floor
321 E. 12th Street, Des Moines, Iowa 50319-0075

Supervision Report

(Please note this form is to be completed by the Supervisor of candidates for LISW licensure only)

Supervisee:

1. _____ 2. _____
Supervisee's Name License #
3. _____
Supervisee's Mailing Address, City, State, Zip Code
4. _____
Supervisee's Daytime Phone (Including Area Code)

Supervisor:

5. _____ 6. _____
Supervisor Name License #
7. _____
Supervisor's Current Mailing Address, City, State, Zip Code
8. _____
Supervisor's Daytime Phone (Including Area Code)
9. _____ to _____ 10. Total hours of supervision meetings: _____
Dates of supervision; include month/day/year (Minimum of two years is required)
(Minimum of 110 hours required)

11. Total hours of master's level work under supervision: _____ YES NO

12. Did the supervisee's practice include the identification of specific mental or emotional disorders or conditions demonstrating a working knowledge of the DSM?

13. Did the supervisee's practice include the evaluation of symptoms and behaviors; effects of the environment on behavior; psychosocial therapy with individuals, couples, families, or groups; establishment of treatment goals, and differential treatment planning?

14. Has the supervisee, to your knowledge, adhered to the board's administrative rules, including the rules of conduct?

15. Do you recommend to the Board of Social Work that this applicant/supervisee be allowed to sit for the ASWB clinical level examination, and be licensed at the independent level, thus allowing him/her to provide mental health services independently in private practice?

Supervisor's Signature: _____ Date: _____

If the answer to any question 12 – 15 above is no, please give details below or on a separate sheet.