

RECORD OF SUPERVISION FOR THE SUPERVISED PRACTICE OF SOCIAL WORKER CANDIDATE

Name of Social Worker Candidate: _____

Name of Candidacy Supervisor: _____

Beginning Date of Supervised Practice: _____

Note: If - since receiving approval for candidacy or since submitting the last record of supervision - either the candidate or the supervisor has changed home or work addresses, and/or employment activity, please note the details below and contact the Registrar's office at 429-7298.

This report will be completed by the Candidate Supervisor as specified in Regulation 11(5).

It is recommended that a Record of Supervision be used by the Supervisor and the Candidate.

This is: Report 1 _____ (To be submitted after the first month of supervision)

1st Quarter _____ , 2nd Quarter _____ , 3rd Quarter _____ , or final _____ report.

Candidate Goals:

1. Please list the Candidate's approved goals which are addressed in this report.

2. Please comment on the Candidate's progress related to each of the goals outlined above.

3. Are there additional goals identified since the previous report? If yes, please explain.

4. Are you satisfied with the Candidate's progress toward reaching his/her goals of Social Work Practice? ___ YES ___ NO
Please explain.

5. Does the Candidate demonstrate commitment to ethical and professional values consistent with the Nova Scotia Association of Social Workers' Code of Ethics? ___ YES ___ NO

Referring to the "Social Work Code of Ethics," please relate how such a commitment has been demonstrated?

6. Has this report been shared with the Candidate? ____ YES ____ NO
Candidate's comments:

FINAL REPORT ONLY

7. Do you attest to the Board of Examiners that (a) this Candidate has demonstrated an understanding of the skills, knowledge and values in the field of Social Work; and (b) has fulfilled the requirements for supervised social work practice for a Social Worker Candidate?

I understand that my signature signifies my recommendation that this Candidate has met all the requirements to be granted the Registered Social Worker designation (RSW).

____ YES ____ NO

Supervisor Comments:

Signatures:

Supervisor

Candidate

Date: _____

Date:

RECORD OF SUPERVISION

(To be filled out by *Candidate* and signed by Candidate and Supervisor)

Date of Meeting	Duration	Nature & Content of Supervisory Session and How it Relates to Goals.

If you have participated in additional professional development activities (workshops, committees, volunteer activities, case conferences, etc.) you may wish to include these below

Signatures:

Candidate

Date

Supervisor

Date