



# Texas State Board of Social Worker Examiners

## *Supervision Verification for LCSW/LMSW-AP*

### **I. Supervisee's Information**

Name: \_\_\_\_\_ License Category and Number: \_\_\_\_\_

Supervision Type:  Licensed Clinical Social Worker (LCSW) or  Licensed Master Social Worker-Advanced Practitioner (LMSW-AP)

### **II. Supervisor's Qualifications (completed by supervisor)**

Name: \_\_\_\_\_ License Category and Number: \_\_\_\_\_

Business Address and Telephone: \_\_\_\_\_

Are you a board-approved supervisor?  Yes  
 No

Has a plan been filed with the board?  Yes  No

If not licensed in Texas:

Do you have a masters degree in social work?  Yes  No

What are your social work credentials? \_\_\_\_\_

State

issued: \_\_\_\_\_ Date issued: \_\_\_\_\_

### **III. Supervision Verification (completed by supervisor)**

Dates of supervision: From \_\_\_\_\_ To \_\_\_\_\_

Supervisee's work schedule:  Full time (30 hours/week)  Part time (\_\_\_\_ Hours/week)

Total number of supervision hours for time period listed above: \_\_\_\_\_ Individual \_\_\_\_\_ Group

Supervisee's specific duties:

\_\_\_\_\_  
\_\_\_\_\_

Assessment of the supervisee's social work practice knowledge, skills and abilities:

\_\_\_\_\_  
\_\_\_\_\_

Supervisee's therapeutic strengths:

\_\_\_\_\_  
\_\_\_\_\_

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Areas identified as needing improvement:

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**IV. Recommendation**

Recommend for recognition:  Yes

No

Level recommended:  LCSW  LMSW-AP

If no, please explain:

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Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Texas State Board of Social Worker Examiners  
P.O. Box 149347 - Mail Code 1982  
Austin, Texas 78714-9347

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