



State of Nevada
Board of Examiners for Social Workers
4600 Kietzke Lane, C121 Reno, Nevada 89502
(775) 688-2555

Quarterly Progress Report
Clinical Social Work Internship

Period covered by this report: Month/Year _____ to Month/Year _____

It is the responsibility of the intern to see to the completion and submission of each quarterly report and evaluation. Please return this report and the attached evaluation by the following due dates:

Quarter	Due
January 1 - March 31	April 15
April 1 - June 30	July 15
July 1 - September 30	October 15
October 1 - December 31	January 15

Name: _____ Internship #: _____

Home address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Supervisor Name: _____ License #: _____

Site # 1 Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Site # 2 Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Site # 3 Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Please list below the number of **hours this quarter** by the following categories:

	Site #1	Site #2	Site #3
Clinical Hours:			

Face-to-face delivery of psychotherapy techniques and methods with clients, their families and significant others.

Total Clinical Hours

Other Hours:

Other case staffings, other telephone contacts with clients and collaterals, other correspondence, other written assessments, on behalf of clients, their families and significant others.

Total Other Hours

Total Supervision Hours: (Minimum 1 hour per week)

Total Clinical, Other, & Supervision Hours =

Intern Certification

I, _____ hereby certify under penalty of law as indicated by my signature below that all statements made in this report are true and correct.

Intern Signature

Date

Supervisor Certification

I, _____ hereby certify that to the best of my knowledge this intern is progressing in a satisfactory and ethical manner towards the completion of his/her internship. I agree to continue to provide clinical social work supervision to this intern pursuant to Chapter 641B of NRS and NAC and the terms of the Agreement for Supervision.

Supervisor Signature

Date

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Clinical Social Work Intern Supervisory Evaluation

Period Covered by this Evaluation: Month/Year _____ to Month/Year _____

Intern:

Supervisor:

This evaluation assists the intern and the supervisor in the assessment of the intern's ability to achieve minimum competencies in the professional development tasks set forth in this document. Please rate the intern's performance according to the following scale:

- 1 = Unsatisfactory performance
- 2 = Needs improvement
- 3 = Acceptable progress
- 4 = Mastery level competency
- 5 = Outstanding performance

Explain the rationale for all ratings of (1) or (5) in the comments section. Please address how and why the intern's performance is outstanding or unsatisfactory.

Please use the following codes where there has not been the opportunity to observe or where intern has not had the opportunity to practice.

- NO = No opportunity to observe
- NP = No opportunity to practice

The comments section at the end of the document provides the space for comments on the intern's progress. Such comments might include particular areas of success or difficulty that the intern is experiencing, areas of strength or plans for the next period.

I. Executive Skills

1 2 3 4 5

1. Establishes rapport and collaborative working relationships with clients.
2. Is able to engage clients in the therapeutic process.
3. Initiates a therapeutic contract with each client.
4. Able to synthesize the client's presenting problem with underlying/overlying problems and maintain the therapeutic process.
5. When called for in the change process, is able to create an atmosphere of comfort or tension.
6. Is able to challenge the client's concept of reality.

II. Conceptual Skills

7. Forms hypotheses from data gathered in the assessment phase.
8. Creates treatment plans with appropriate goals and specific, measurable and time limited objectives.
9. Able to evaluate client progress toward treatment plan goals.
10. Can apply theoretical models to assessment, interventions and evaluations.

III. Perceptual Skills

11. Recognizes and describes transactions with and between clients.
12. Has an awareness of the impact the client makes on the therapist.
13. Has an awareness of personal reactions to a client.

IV. Cultural/Diversity Competencies

14. Works effectively in cross-cultural situations.
15. Considers factors of culture, ethnicity, race, gender, religion, age, sexual orientation, physical disability and other minority status issues in the planning and implementation of services.

V. Diagnostic Skills

1 2 3 4 5

16. Applies knowledge of psychopathology in work with clients.
17. Applies knowledge of defense mechanisms in work with clients.
18. Develops and utilizes bio-psychosocial histories with clients.
19. Effectively performs mental status examinations.
20. Can effectively diagnose using the DSM IV manual.

VI. Crisis Intervention

21. Selects and applies models of crisis intervention where appropriate.
22. Can act effectively to stabilize a crisis situation.
23. Can obtain multiple case management services to meet client needs.
24. Can coordinate a multiple services treatment plan for client.

VII. Use of Self in Professional Role

25. Demonstrates an awareness of and adherence to agency policies.
26. Applies professional ethics to practice activities.
27. Identifies the effects of agency policy on clients.
28. Appropriately advocates for clients.
29. Appointments and meetings are managed at a professional level.
30. Written work is concise, accurate and completed in a timely fashion.
31. Presents cases, intervention plans and presentations at a professional level.
32. Articulates and defends professional ideas, assessments and plans.

- 33. Treats clients, colleagues and community members with respect.
- 34. Carefully follows policies and procedures concerning confidentiality, clients rights and mandated reporting.
- 35. Is open to constructive criticism and displays a willingness to use the criticism to improve professional performance.
- 36. Engages in self evaluation of professional performance.
- 37. Maintains appropriate financial, emotional, sexual and professional boundaries and roles.
- 38. Effectively uses supervision for professional growth.
- 39. Exercises appropriate level of autonomy while maintaining adequate accountability.

Summary/Progress to Date/Plans/Comments (To be completed jointly by supervisor and intern)

Supervisor Signature

Intern Signature