



State of Nevada

## Board of Examiners for Social Workers

4600 Kietzke Lane, #C-121, Reno, NV 89502

775.688.2555

### Quarterly Progress Report Clinical Social Work Internship

Period covered by this report: Month/Date/Year \_\_\_\_\_ to Month/Date/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   | Report Due               |
|---|--------------------------|
| January 1 <sup>st</sup> – March 31 <sup>st</sup>    | April 15 <sup>th</sup>   |
| April 1 <sup>st</sup> – June 30 <sup>th</sup>       | July 15 <sup>th</sup>    |
| July 1 <sup>st</sup> – September 30 <sup>th</sup>   | October 15 <sup>th</sup> |
| October 1 <sup>st</sup> – December 31 <sup>st</sup> | January 15 <sup>th</sup> |

Intern's Name: \_\_\_\_\_ Internship #: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

**Intern's Email Address:** \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ License #: \_\_\_\_\_

**Supervisor's Email Address:** \_\_\_\_\_

**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 |
|--|---------|---|---------|---|---------|
| <b>CLINICAL HOURS</b>  |         |   |         |   |         |
| Face-to-face delivery of psychotherapy techniques and other methods with individuals, couples, families and groups. (Maximum of 416 hours per quarter) |         | + |         | + |         |
| <b>TOTAL Clinical</b>  |         |   |         |   |         |
| <b>OTHER HOURS</b>   |         |   |         |   |         |
| Other hours including case staffings, telephone contact with clients and collaterals, correspondence on behalf of clients, written assessments, etc.   |         | + |         | + |         |
| <b>TOTAL Other</b>   |         |   |         |   |         |
| <b>TOTAL SUPERVISION HOURS</b><br>(Minimum one hour per week)  |         |   |         |   |         |
| <b>TOTAL</b> (Clinical, Other and Supervision)<br>(Maximum of 520 hours per quarter)   |         |   |         |   |         |

### 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

State of Nevada  
Board of Examiners for Social Work

**Quarterly Progress Report Supervisory Evaluation**

Period Covered by this Evaluation: Month/Date/Year \_\_\_\_\_ to Month/Date/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 (must be explained)
- 2** = Skill level needs improvement
- 3** = Acceptable progress based on individual intern's baseline
- 4** = Demonstrates above expected levels of performance
- 5** = Outstanding performance (must be explained)

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.

- N/O** = No opportunity to observe in this quarter
- N/P** = No opportunity to practice in this quarter

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.

## Ability to Assess, Diagnose, and Treat Mental and Emotional Conditions

|  | 1 * | 2 | 3 | 4 | 5 * | N/O | N/P |
|--|-----|---|---|---|-----|-----|-----|
| 1. Establishes, engages and maintains a collaborative therapeutic relationship with client(s).                         |     |   |   |   |     |     |     |
| 2. Applies knowledge of a variety of clinical frameworks in assessment, interventions and evaluation of client(s).     |     |   |   |   |     |     |     |
| 3. Completes bio-psychosocial assessment with client(s) synthesizing information from all available sources.           |     |   |   |   |     |     |     |
| 4. Applies knowledge of psychopathology in assessment and interventions with client(s).                                |     |   |   |   |     |     |     |
| 5. Applies knowledge of addictions in assessment and interventions with client(s).                                     |     |   |   |   |     |     |     |
| 6. Performs mental status examinations and utilizes this information in interventions with client(s).                  |     |   |   |   |     |     |     |
| 7. Appropriately assesses and refers client(s) for alternative services (e.g. medical, psychiatric, legal).            |     |   |   |   |     |     |     |
| 8. Develops comprehensive diagnoses using current DSM edition.   |     |   |   |   |     |     |     |
| 9. Forms hypotheses from data gathered in assessment phase.  |     |   |   |   |     |     |     |
| 10. Develops treatment plans with appropriate goals, and specific, measurable and time limited objectives.             |     |   |   |   |     |     |     |
| 11. Effectively evaluates client progress towards treatment plan goals and changes focus as needed.                    |     |   |   |   |     |     |     |
| 12. When called for in the change process, is able to create an atmosphere of comfort, tension and / or confrontation. |     |   |   |   |     |     |     |
| 13. When called for, can challenge the client's concept of reality.  |     |   |   |   |     |     |     |
| 14. Selects and applies models of crisis intervention when necessary.  |     |   |   |   |     |     |     |
| 15. Can act effectively to stabilize a crisis situation.   |     |   |   |   |     |     |     |
| 16. Effectively documents all types of interventions with or on behalf of client(s).                                   |     |   |   |   |     |     |     |

| <b>Skills and Professional Conduct Necessary for Continuing Competency.</b>  |            |          |          |          |            |            |            |
|--|------------|----------|----------|----------|------------|------------|------------|
|  | <b>1 *</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5 *</b> | <b>N/O</b> | <b>N/P</b> |
| 17. 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. |            |          |          |          |            |            |            |
| 18. Applies professional ethics to practice activities.  |            |          |          |          |            |            |            |
| 19. Has awareness of the impact of transference and counter-transference on effective client relationships.  |            |          |          |          |            |            |            |
| 20. Appropriately advocates for client(s).   |            |          |          |          |            |            |            |
| 21. Treats clients, colleagues and community members with respect.   |            |          |          |          |            |            |            |
| 22. Carefully follows policies and procedures concerning, confidentiality, client's rights, and mandated reporting.  |            |          |          |          |            |            |            |
| 23. Manages time and workload at a professional level.   |            |          |          |          |            |            |            |
| 24. Exercises appropriate level of autonomy while maintaining adequate accountability.   |            |          |          |          |            |            |            |
| 25. Written work is concise, accurate and completed in a timely manner.  |            |          |          |          |            |            |            |
| 26. Presents cases, intervention plans and presentations at a professional level.  |            |          |          |          |            |            |            |
| 27. Maintains appropriate financial, emotional, sexual and professional boundaries and roles.  |            |          |          |          |            |            |            |
| 28. Effectively uses supervision for professional growth.  |            |          |          |          |            |            |            |
| 29. Engages in self-evaluation of performance.   |            |          |          |          |            |            |            |
| 30. Is open to constructive criticism and displays a willingness to use the feedback to improve professional performance.  |            |          |          |          |            |            |            |

For each scores of "1" or "5" please provide information explaining these scores. Attach additional pages if necessary.

Please provide a narrative summary addressing ALL of the following areas –

|  |  |
|--|--|
| <b>The intern's focus for the quarter, specific learning opportunities, etc.</b>                             |  |
|  |  |
| <b>Please review progress towards the goals and plans identified in prior quarterly report.</b>              |  |
|  |  |
| <b>Please discuss progress the intern is making to date on their supervision contract.</b>                   |  |
|  |  |
| <b>Please provide any other comments you think would be helpful for the board to know.</b>                   |  |
|  |  |
| <b>Please detail three (3) to five (5) specific goals and plans to be focused upon in the coming quarter</b> |  |
| <b>1</b>   |  |
| <b>2</b>   |  |
| <b>3</b>   |  |
| <b>4</b>   |  |
| <b>5</b>   |  |