



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

Quarterly Progress Report
Independent 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	Report 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: _____ Personal Phone: _____

Supervisor Name: _____ License #: _____

Site # 1 Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Site # 2 Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

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

	Site #1		Site #2
Demonstration of advanced skills in case work and casework management, group work, community organization, social work administration, social work planning, client-centered advocacy and research (Maximum of 500 hours per quarter)		+	
TOTAL Hours			
TOTAL SUPERVISION HOURS (Minimum one hour per week)			
TOTAL (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 independent 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/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 (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 relationship with client(s).							
2. Applies knowledge of a variety of theoretical frameworks in assessment, interventions and evaluation of client(s).							
3. Able to effectively summarize, synthesize and form hypotheses regarding problems identified.							
4. Develops comprehensive plans with appropriate goals, and specific, measurable and time limited objectives.							
5. Effectively progress towards contracted goals and changes focus as needed.							
6. Appropriately advocates for client(s).							
7. Appropriately coordinates multiple source services and referrals to meet client needs.							
8. 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.							
9. Selects and applies models of crisis intervention when necessary.							
10. Can act effectively to stabilize a crisis situation.							
11. Applies professional ethics to practice and supervisory activities.							
12. Treats clients, colleagues and community members with respect.							
13. Demonstrates competence in administrative duties such as leadership, budget management, policy development, staffing, and advocacy							
14. Engages in effective grant writing responsibilities.							

Skills and Professional Conduct Necessary for Continuing Competency.							
	1 *	2	3	4	5 *	N/O	N/P
15. Manages time and workload at a professional level.							
16. When called for, can challenge the staff's concept of reality.							
17. Written work is concise, accurate and completed in a timely manner.							
18. Presents cases, intervention plans and other presentations at a professional level.							
19. Exercises appropriate level of autonomy while maintaining adequate accountability.							
20. Carefully follows policies and procedures concerning, confidentiality, client's rights, and mandated reporting.							
21. Identifies both interactions with, and exchanges between customers and utilizes effective administrative interventions with staff, colleagues, and community members.							
22. Effectively uses supervision for professional growth.							
23. Engages in self-evaluation of performance.							
24. 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 –

The intern's focus for the quarter, specific learning opportunities, etc.

Please review progress towards the goals and plans identified in prior quarterly report.

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Please discuss progress the intern is making to date on their supervision contract.

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Please provide any other comments you think would be helpful for the board to know.

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Please detail three (3) to five (5) specific goals and plans to be focused upon in the coming quarter

1	
2	
3	
4	
5	

Supervisor Signature

Intern Signature