

# CLINICAL GOALS AND SELF REFLECTION FORM

Supervisee: \_\_\_\_\_ LMSW License # \_\_\_\_\_

(please print)

Employing Agency of Supervisee: \_\_\_\_\_

Address of Employing Agency: \_\_\_\_\_

*While employed at the aforementioned agency, My immediate supervisor at my place of employment is: \_\_\_\_\_ His/her direct phone number or cell number is: \_\_\_\_\_.*

*I am employed \_\_\_\_\_ hours per week. My job title is \_\_\_\_\_.*

*Supervisee's Signature \_\_\_\_\_ Date \_\_\_\_\_*

*LCSW Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_*

*The first supervisory session was held \_\_\_\_\_ (month, day, year).*

**Ethics Goal** (refers to the supervisee's ability to apply social work values and ethics in carrying out professional responsibilities.)

Goals/Objectives:

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Learning Experiences:

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Indicators of Achievement:

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**Professional Growth Goal** (*refers to the supervisee's acceptance of responsibility for professional learning and growth*)

Goals/Objectives:

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Learning Experiences:

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Indicators of Achievement:

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**Relationships Goal** (*refers to the supervisee's ability to develop, maintain and terminate appropriate professional relationships with clients, colleagues and other disciplines.*)

Goals/Objectives:

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Learning Experiences:

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Indicators of Achievement:

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***Intervention Process Goal*** (refers to the supervisee's ability to formulate assessment of clients and to implement effective interventions resulting in resolution of problems/issues.)

Goals/Objectives:

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Learning Experiences:

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Indicators of Achievement:

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***Evaluation Goal*** (refers to the supervisee's ability to monitor and evaluate his/her own professional practice.)

Goals/Objectives:

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Learning Experiences:

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Indicators of Achievement:

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***Communication Goal*** (refers to the supervisee's ability to communicate effectively with others orally and in writing.)

Goals/Objectives:

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Learning Experiences:

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Indicators of Achievement:

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Clinical Goals/Objectives:

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Learning Experiences:

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Indicators of Achievement:

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Clinical Goals/Objectives:

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Learning Experiences:

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Indicators of Achievement:

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*Supervisee's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*LCSW Supervisor's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_