

SOCIAL WORK DEVELOPMENT CENTER, LLC.

JERLINE BALTIMORE, MSW, LCSW-QS

OFFICE CELL: 305-209-3226

EMAIL: jerlinebaltimore@gmail.com

Social Work Supervision Agreement

This agreement is between **Jerline Baltimore** (supervisor), and _____ (Registered Intern), ISW # _____, documenting their intent to enter a formal professional relationship guided by these terms and conditions.

1. Responsibilities of the Supervisee:

- a. Adhere to the standards outlined in the Florida Department of Health Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling and Regulations governing the Practice of Social Work.
- b. Inform their supervisor about their clinical social work supervision with Jerline Baltimore, MSW, LCSW-QS.
- c. Supply Jerline Baltimore, MSW, LCSW-QS, with a job description and agency policies related to social work.
- d. Attend each session prepared to present cases and offer feedback for discussion, maintaining professional and ethical conduct.
- e. Keep clients' identities and identifying information confidential.
- f. Notify their workplace supervisor and Jerline Baltimore, MSW, LCSW-QS, if a client is at risk or poses a danger to themselves or others.
- g. Record each supervision session in a log.

2. Responsibilities of the Supervisor:

- a. Maintain a Board-approved LCSW and QS designation in Florida for the entire supervision period.
- b. Focus supervision on the raw data from the supervisee's clinical work.
- c. Adhere to the standards outlined in the Florida Department of Health Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling and Regulations governing the Practice of Social Work.
- d. Abide by the NASW Code of Ethics during supervision.
- e. Offer the supervisee guidance, support, consultation, and challenges to facilitate reflection on issues affecting their practice.

3. Duration and Termination of Clinical Supervision:

Supervision may be terminated if either party is dissatisfied with the arrangement or needs to end it. A thirty (30) day notice must be provided by the party requesting the termination of service.

4. Telehealth Protocols and Disclosure (If relevant, please refer to separate page agreement): Both parties must comply with all applicable laws, regulations, and ethical guidelines governing telehealth in clinical social work practice.

This agreement establishes clinical supervision between the parties specified above and below. It is open to revision at any time through mutual consent of all parties. Any party can revoke this agreement by providing written notice to the others. The agreement remains effective from the date signed below until it is revised or revoked.

Supervisor's Signature / Date:

Supervisee's Signature / Date

Jerline Baltimore

Please email the completed Clinical Supervision Contract to jerlinebaltimore@gmail.com with the subject line "Your Name + Clinical Supervision Contract."

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Supervision Goal-Setting Form

OF:

1. What are your current goals for supervision? Please provide details on what you hope to achieve from our sessions.
2. What specific areas of social work interest you the most, and how do you plan to gain experience in those areas?
3. What areas of your social worker or psychotherapist skills would you like to improve? Please share any areas of development you would like to focus on.
4. In what ways do you hope our supervision sessions will support your career growth and professional development as a social worker?
5. Looking ahead, where do you see yourself in your social work career in the next 5-10 years? What steps do you plan to take to achieve these goals?
6. What challenges do you anticipate in your social work career, and how do you plan to address them?