Practice Evaluation and Research

Association of Social Work Boards (ASWB) social work licensing examinations

4 knowledge statements · ASWB 2026 content outline

This competency covers how social workers know whether their work helps: evaluating client progress, evaluating agency programs, tools for evaluating practice and, at the Masters, Advanced Generalist and Clinical levels, research design, reliability and validity, quality assurance, program objectives and the use of evaluation to change services. Expect questions that ask you to choose the right design, measure or type of evaluation for a stated purpose, and to recognize threats to valid conclusions.

You should be able to: You should be able to set up a simple measure of client progress, choose the right type of program evaluation for a question, recognize research designs and their threats, and explain how findings should change services.

Every knowledge statement and its key point

Techniques for evaluating progress and effectiveness of intervention, treatment, and service plans

Measure progress against the goals and objectives in the plan, starting with a baseline before intervention.

Methods of evaluating agency programs (e.g., needs assessment, formative/summative assessment, cost-effectiveness, cost-benefit analysis, outcomes assessment)

A needs assessment, done before a program is designed, uses social indicators, surveys, key informant interviews, focus groups and community forums to identify the size and nature of a need.

Methods, techniques, and instruments used to evaluate social work practice

Social workers should monitor and evaluate policies, programs and practice interventions (NASW 5.02) and use evaluation to improve their own practice.

Basic and applied research design and methods, data collection and analysis methods, and methods to assess reliability and validity in social work research (e.g., objective, subjective, qualitative, quantitative)

Basic research builds knowledge; applied research solves practical problems. Quantitative designs include experimental (randomized controlled trials: random assignment to treatment and control), quasi-experimental (comparison groups without random assignment), pre-experimental (one group, pretest and posttest) and correlational or survey designs; qualitative designs include ethnography, phenomenology, grounded theory, narrative and case study; mixed methods combine both.

Common pitfalls

- Confusing formative with summative evaluation, or cost-effectiveness with cost-benefit analysis.
- Treating outputs (people served) as outcomes (people helped).
- Assuming a measure is valid because it is reliable.
- Concluding causation from correlation or from a design without a comparison group.
- Continuing an intervention without measuring progress, or ignoring data showing it is not working.

Key terms

Baseline: Measurement of the target problem before intervention begins.

Formative evaluation: Evaluation during a program to improve it.

Summative evaluation: Evaluation at the end of a program to judge its overall effectiveness.

Cost-benefit analysis: Comparing a program's costs and benefits, both expressed in money.

Reliability: The consistency of a measure.

Validity: Whether a measure actually measures what it claims to.

Internal validity: Confidence that the intervention, not something else, caused the observed change.

Outcome objective: A measurable change expected in participants as a result of a program.

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