

Clinical Supervision Session Form

Name of Supervisee:

Mode:

	<input type="checkbox"/> Online <input type="checkbox"/> Telephone <input type="checkbox"/> Telehealth <input type="checkbox"/> In person
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Date of Session:

Type of Session:

	<input type="checkbox"/> Individual <input type="checkbox"/> Group
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Supervisor's Name & Credentials:

Duration of Session:

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- | | |
|---|---|
| <input type="checkbox"/> Case Review | <input type="checkbox"/> Cultural competence |
| <input type="checkbox"/> Ethical issues, including boundaries | <input type="checkbox"/> Policies & current events in the field |
| <input type="checkbox"/> Legal issues & mandated reporting | <input type="checkbox"/> Counter-transference |
| <input type="checkbox"/> Diagnostic skills | <input type="checkbox"/> Relationships at the workplace |
| <input type="checkbox"/> Treatment planning | <input type="checkbox"/> Work-related stressors |
| <input type="checkbox"/> Interventions | <input type="checkbox"/> Career goals |
| <input type="checkbox"/> Documentation / Note writing | <input type="checkbox"/> Self-care |
| <input type="checkbox"/> Risk and Safety Planning | <input type="checkbox"/> Other _____ |

Description of Topics Discussed:

Plan:

Supervisor Signature

Date

Supervisee Signature

Date