

# INTERNSupervision Session Form

Name of Supervisee/Student:

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/Engagement-Comp 6<br><input type="checkbox"/> Code of Ethics/Boundaries-Comp 1<br><input type="checkbox"/> Legal issues/Mandated Reporting-Comp 7<br><input type="checkbox"/> Diagnostic Skills/Assessment-Comp 7<br><input type="checkbox"/> Treatment planning-Comp 8<br><input type="checkbox"/> Interventions-Comp 8<br><input type="checkbox"/> Documentation /Notes-Comp 6/7/8/9<br><input type="checkbox"/> Risk/Safety Planning-Comp 7 | <input type="checkbox"/> Cultural competence/ADEI-Comp 3<br><input type="checkbox"/> Policies/current research/evidence-based practice-Comp 4<br><input type="checkbox"/> Social Justice/Human Rights-Comp 2<br><input type="checkbox"/> Role of Policy in Service Delivery (local/state/federal)-Comp 5<br><input type="checkbox"/> Evaluatiuon of Practice/measurements-Comp 9<br><input type="checkbox"/> Professionalism (attire, attendance) -Comp 1<br><input type="checkbox"/> Work-Related Stressors/Self-Care-Comp 1<br><input type="checkbox"/> Other _____ |
|---|---|

Description of Topics Discussed:

Plan:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisee Signature

\_\_\_\_\_  
Date