

Supervision Record Form

Date: _____

Supervisor: _____

Supervisee: _____

First names of clients discussed (check indicates that a portion of the counseling session was heard/viewed)

<u>First Name:</u>	<u>Audio Tape</u>	<u>Video Tape</u>	<u>Live</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe to what extent pre-session goals were met:

Major topics that were discussed during the supervision session (indicate supervisor-initiated or supervisee-initiated):

List client focused supervision suggestions, including a rationale for each:

List supervisee-focused supervision suggestions, including a rationale for each:

List the goals for the next supervision session:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Risk management review: Note any concerns based on review of supervisee's entire caseload.

Include:

- a. 1st name of the client
- b. Nature of the concern
- c. Supervision intervention at this time

Supervisor Signature

Supervisee Signature

Bernard, J. J. & Goodyear, R. K. (2004). *Fundamentals of Clinical Supervision*. Boston, MA: Pearson, p. 204.