

Clinical Supervision Record

Supervisee: _____ Date: _____

Supervisor: _____

Check off all topics discussed:							
Duties and expectations		Comprehensive skills evaluation		Cases and assessment		Information and referral	
Professionalism		Process recording		High-risk issues		Evaluation issues	
Judgment		Decision-making		Progress notes		Termination	
Communication skills		Problem-solving		Goals and objectives		Diversity	
School topics and deadlines		Initiative		Treatment planning		Ethical issues	
Attitude		Flexibility		Crisis intervention		Practice issues	
Time management		Self-awareness		Practice and intervention skills		Other:	
Learning plan		Accountability		Specific evidence-based practice techniques		Other:	

Comments:

Supervisee Strengths:

Challenges:

Tasks to be completed by the next supervision session or date specified:

Supervisee Signature: _____

Supervisor Signature: _____