

# Supervisee Clinical Supervision Notes Meeting #: \_\_\_\_\_

Supervisee Name: \_\_\_\_\_ Date: \_\_\_\_\_ TOTAL TIME: \_\_\_\_\_

CLINICAL Supervisor Name: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

Agenda for session (i.e. client review, documentation, research, treatment techniques, etc.):

<b>Client Identifier:</b> _____ <input type="checkbox"/> New Client or <input type="checkbox"/> Update	<b>Demographics:</b> (i.e. age, ethnicity, etc.)
<b>Presenting Issue:</b>	
<b>Treatment Modality Utilized:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Couple <input type="checkbox"/> Group	
<b>Theoretical Approach:</b>	<b>NOTES:</b>
<b>Interventions Utilized:</b>	
<b>Treatment Plan:</b>	
<b>Suggestions/Follow-Up:</b>	

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<b>Treatment Plan:</b>	
<b>Suggestions/Follow-Up:</b>	

Supervisee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLINICAL Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_