

## CLINICAL SUPERVISION RECORD FORM

Supervisee \_\_\_\_\_ License type \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor of record ☐ Add'l Supervisor ☐ Supervision Contract Date \_\_\_\_\_

This form is completed pursuant to a contract for supervision approved by the Kentucky Board of Social Work.

Date of Supervision	Supervision Format	Supervision type	Session content topic areas (check all that apply)		Direct time	Spvn Time	L/CSW initials
	<input type="checkbox"/> In person <input type="checkbox"/> Electronic	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Confidentiality Issues <input type="checkbox"/> Professional & Ethical Issues <input type="checkbox"/> Cultural & diversity Issues <input type="checkbox"/> Boundary Issues <input type="checkbox"/> Case Review/Tx Planning	<input type="checkbox"/> Methods/Interventions <input type="checkbox"/> Documentation Issues <input type="checkbox"/> Assessment & Evaluations <input type="checkbox"/> Crises and risk assessment <input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> In person <input type="checkbox"/> Electronic	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Confidentiality Issues <input type="checkbox"/> Professional & Ethical Issues <input type="checkbox"/> Cultural & diversity Issues <input type="checkbox"/> Boundary Issues <input type="checkbox"/> Case Review/Tx Planning	<input type="checkbox"/> Methods/Interventions <input type="checkbox"/> Documentation Issues <input type="checkbox"/> Assessment & Evaluations <input type="checkbox"/> Crises and risk assessment <input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> In person <input type="checkbox"/> Electronic	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Confidentiality Issues <input type="checkbox"/> Professional & Ethical Issues <input type="checkbox"/> Cultural & diversity Issues <input type="checkbox"/> Boundary Issues <input type="checkbox"/> Case Review/Tx Planning	<input type="checkbox"/> Methods/Interventions <input type="checkbox"/> Documentation Issues <input type="checkbox"/> Assessment & Evaluations <input type="checkbox"/> Crises and risk assessment <input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> In person <input type="checkbox"/> Electronic	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Confidentiality Issues <input type="checkbox"/> Professional & Ethical Issues <input type="checkbox"/> Cultural & diversity Issues <input type="checkbox"/> Boundary Issues <input type="checkbox"/> Case Review/Tx Planning	<input type="checkbox"/> Methods/Interventions <input type="checkbox"/> Documentation Issues <input type="checkbox"/> Assessment & Evaluations <input type="checkbox"/> Crises and risk assessment <input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> In person <input type="checkbox"/> Electronic	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Confidentiality Issues <input type="checkbox"/> Professional & Ethical Issues <input type="checkbox"/> Cultural & diversity Issues <input type="checkbox"/> Boundary Issues <input type="checkbox"/> Case Review/Tx Planning	<input type="checkbox"/> Methods/Interventions <input type="checkbox"/> Documentation Issues <input type="checkbox"/> Assessment & Evaluations <input type="checkbox"/> Crises and risk assessment <input type="checkbox"/> Other (specify)			
<b>Supervisor Signature</b> _____ <b>Date</b> _____							<b>Total Hours</b>