

Group Supervision Record

Supervisor's Name: _____ Date: _____

Start time: _____ Total Time: _____

Attendees:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Model of Supervision Used *(Check All That Apply):*

- | | |
|--|---|
| <input type="checkbox"/> Reflective | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Directive | <input type="checkbox"/> Competency Based |
| <input type="checkbox"/> Other <i>(Specify):</i> _____ | |

Evidence Based Practices Discussed *(Check All That Apply):*

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Trauma Informed Care | <input type="checkbox"/> Mindfulness |
| <input type="checkbox"/> Motivational Interviewing | <input type="checkbox"/> CBT |
| <input type="checkbox"/> DBT | <input type="checkbox"/> EMDR |
| <input type="checkbox"/> Other <i>(Specify):</i> _____ | |

Methods Used *(Check All That Apply):*

- | | |
|--|---|
| <input type="checkbox"/> Role Play | <input type="checkbox"/> In person Supervision |
| <input type="checkbox"/> Case Presentation | <input type="checkbox"/> Electronic <input type="checkbox"/> audio <input type="checkbox"/> video |
| <input type="checkbox"/> Audio/Video Recording | <input type="checkbox"/> Clinician Report and Response |

Comments: