

INDIVIDUAL AND GROUP SUPERVISION REPORT FORM

SUPERVISOR: _____

SUPERVISEE(S): _____

ORGANIZATION: _____

Address:

Telephone: _____

DATE: _____ START TIME: _____ END TIME: _____

TOTAL TIME: _____

PERSONS PRESENT:

PURPOSE OF SESSION:

GOALS OR FOCUS OF SESSION:

TOPICS DISCUSSED:

CLIENTS DISCUSSED:

RECOMMENDATIONS:

PLANS FOR NEXT SESSION:

SIGNATURE OF SUPERVISOR: _____

SIGNATURE OF SUPERVISEE: _____

This form is designed to assist supervisors in complying with state social work licensing board requirements for documenting and reporting supervisor contacts for licensure. Persons documenting supervision for licensure should use the state licensing board approved for where required.