

Individual Supervision Record

Supervisor: _____

Date: _____

Start Time _____

Supervisee: _____

Total Time: _____

Models of Supervision Used (Check All That Apply):

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

Topics Discussed (Check All That Apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Duties & Expectations | <input type="checkbox"/> Concerns | <input type="checkbox"/> Practice/Intervention Skills |
| <input type="checkbox"/> Professionalism | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Information & Referrals |
| <input type="checkbox"/> Judgment | <input type="checkbox"/> Self-awareness / self-care | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Accountability | <input type="checkbox"/> Therapeutic Rapport issues |
| <input type="checkbox"/> School Topic Issues | <input type="checkbox"/> Cases Updates | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Attitude | <input type="checkbox"/> Safety / High Risk Issues | <input type="checkbox"/> Diversity/Culture |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Continuity / level of Care |
| <input type="checkbox"/> Assessment / evaluations | <input type="checkbox"/> Goals & Objectives | <input type="checkbox"/> Ethical issues |
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Treatment Planning | <input type="checkbox"/> Counter Transference Issues |
| <input type="checkbox"/> Problem solving | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Court related issues |
| <input type="checkbox"/> Other (Specify): _____ | | |
| <input type="checkbox"/> EPBs (Specify): _____ | | |

Significant Issues Discussed:

Methods Used (Check All That Apply):

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

Comments: (Ex. Supervisee strengths, challenges, task(s) that need completion, next session focus)