Vspired
by achievement

Supervisor 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.)**:**

_____

_____

Client Identifier:_____ ☐ New Client or ☐ Update	**Demographics:** (i.e. age, ethnicity, etc.)
Presenting Issue:	
Treatment Modality Utilized: ☐ Individual ☐ Family ☐ Couple ☐ Group	

Theoretical Approach:	**NOTES:**
Interventions Utilized:	
Treatment Plan:	
Suggestions/Follow-Up:	

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Theoretical Approach:	**NOTES:**
Interventions Utilized:	
Treatment Plan:	
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Supervisee Signature:_____   **Date:** _____

CLINICAL Supervisor Signature:_____   **Date:** _____