**Supervisee’s Clinical Supervision Log\* & 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.):**

**\*The GA Composite Board calls this form “Your Clinical Supervision Log”.**

|  |  |
| --- | --- |
| **Client Identifier: \_\_\_\_\_\_** € New Client or € Update | **Demographics:**  (i.e. age, ethnicity, etc.) |
| **Presenting Issue:** | |
| **Treatment Modality Utilized: 🞎**Individual 🞎 Family 🞎 Couple 🞎 Group 🞎 Other | |
| **Theoretical Approach:** | **NOTES:** |
| **Interventions Utilized:** |
| **Treatment Plan:** |
| **Suggestions/Follow-Up:** |

|  |  |
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**Supervisee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLINICAL Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**