

INDIVIDUAL Clinical Supervision Session Form

Mode of clinical supervision: In person Tele-supervision

Date of session: _____ Duration of session: _____

Topic(s) discussed: Diagnosis Documentation Treatment Plan Counseling Techniques

Ethics Client case review* Other _____

*Client case review via Audio Video Direct Observation Case note review

Comprehensive description of topics discussed:

Recommendations made and/or actions taken:

Goals/Assignments made:

Supervisor's name and credentials: _____

Supervisor signature

Date signed

Supervisee signature

Date signed

Supervisee signature

Date signed