

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: _____ <input type="checkbox"/> New Client or <input type="checkbox"/> Update	Demographics: (i.e. age, ethnicity, etc.)
Presenting Issue:	
Treatment Modality Utilized: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Couple <input type="checkbox"/> Group	
Theoretical Approach:	NOTES:
Interventions Utilized:	
Treatment Plan:	
Suggestions/Follow-Up:	

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Suggestions/Follow-Up:	

Supervisee Signature: _____ Date: _____

CLINICAL Supervisor Signature: _____ Date: _____