Supervision Note

SESSION INFORMATION

Date: mm / dd / yyyy **Time & Session Duration:**

Supervisee Name and License Status:

Supervisor Name and Credentials:

Mode of Supervision:

- ○ Online
- ○ In-Person

Type of Supervision:

- ○ Individual
- ○ Group

Topic of Supervision:

- ☐ Case Review
- ☐ Documentation/ Note Writing
- ☐ Professionalism
- ☐ Trauma
- ☐ Mandated reporting
- ☐ Risk & Safety Planning
- ☐ Communication
- ☐ Self-Care
- ☐ Legal Issues
- ☐ Client issues
- ☐ Work-Related
- ☐ Career Goals
- ☐ Diagnostic Skills
- ☐ Referrals
- ☐ HIPAA issues
- ☐ Ethical Issues
- ☐ Treatment Planning
- ☐ Suicidal / Homicidal
- ☐ Countertransference
- ☐ Grief
- ☐ Interventions & Crisis intervention
- ☐ Policies & current events in the field
- ☐ Substance use
- ☐ Other (give more detail below)

Competencies Addressed:

Case Discussion:

Plan for next supervision:

Supervisor Signature: **Date:** mm / dd / yyyy