



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

Supervisee Signature: _____

Date: _____

CLINICAL Supervisor Signature: _____

Date: _____

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