

Supervisee's Clinical Supervision Log & Notes

Supervisee Name: _____

Date: _____

CLINICAL Supervisor Name: _____

Meeting #: _____

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 (no more than 6 per group)	
Theoretical Approach:	NOTES:
Interventions Utilized:	
Treatment Plan:	
Suggestions/Follow-Up:	

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Supervisee Signature: _____

Date: _____

CLINICAL Supervisor Signature: _____

Date: _____