

SUPERVISION NOTES

Date:

Supervisor:

Counselor:

First name(s) of client(s) discussed:

1. For the names of clients listed, indicate whether you heard/saw a portion of the counseling session:

2. Pre-session goals for the supervision session:

3. Extent to which pre-session goals were met: (Comment)

4. Major topics that emerged during the supervision session (either initiated by supervisor or supervisee):

10. Comments for practicum instructor:

11. Comments for supervision instructor:

12. Risk management review. Note any concerns based on review of supervisee's entire caseload. Include (a) 1st name [or case number] of client, (b) nature of the concern, and (c) supervision intervention at this time.

Signature

Faculty Signature/Date