Syracuse University

Doctoral Supervision Case Note

Counseling and Human Services Unit, School of Education

Syracuse University

Doctoral University Supervisor:	**Date:**
COU 750 Supervisee(s):	**Session #:**
Duration of Session:	**Modality:** Individual

Models of Supervision (*check all that apply*)**:**

- ☐ Administrative
- ☐ Cognitive-Behavioral Oriented
- ☐ Cross-Cultural Supervision
- ☐ Developmental Models
- ☐ Discrimination Model
- ☐ Integrative
- ☐ Person-Centered/Relational Models
- ☐ Psychodynamic-Oriented
- ☐ Other (*Specify):*

Techniques/Interventions Used (*check all that apply*)**:**

- ☐ Audio/Video Tape Review
- ☐ Clinician Report
- ☐ Clinical Documentation Review
- ☐ Interpersonal Process Recall
- ☐ Role Play
- ☐ Supervision Interview (non-client oriented)
- ☐ Other (*Specify*):

Topics Discussed *(check all that apply)***:**

- ☐ Accountability
- ☐ Advocacy
- ☐ Assessment
- ☐ Attitude
- ☐ Boundary Setting
- ☐ Case Conceptualization
- ☐ Case Management
- ☐ Case Updates
- ☐ Client Risk/Safety
- ☐ Communication Skills
- ☐ Counseling Skills
- ☐ Countertransference
- ☐ Crisis Intervention
- ☐ Decision making
- ☐ Diagnosis
- ☐ Diversity/Culture
- ☐ Duties & Expectations
- ☐ Emotional Regulation
- ☐ Ethical issues
- ☐ Evaluation Issues
- ☐ Flexibility
- ☐ Goals & Objectives
- ☐ Information & Referrals
- ☐ Interventions
- ☐ Judgment
- ☐ Level of Care
- ☐ Problem solving
- ☐ Professionalism
- ☐ Progress Notes
- ☐ Self-awareness
- ☐ Self-Care
- ☐ Social justice
- ☐ Termination
- ☐ Treatment Planning
- ☐ Other (*Specify*):

Session goals:

Session focus points (including risk management review):

**Form adapted from Old Dominion University, Department of Counseling and Human Services Supervision Case Note and Bernard & Goodyear's (2022) supervision note*

Plan for next session:

Identified areas of strength for supervisee(s):

Identified areas of growth for supervisee(s):

Please report if case note(s) were submitted in a timely fashion and appropriately:

Doctoral University Supervisor Name (Printed):

Doctoral University Supervisor Signature:

Date Signed:

Faculty Supervisor Name (Printed):

Faculty Supervisor Signature:

Date Signed: