

SUPERVISION FORM

SUPERVISEE: _____

DATE: _____

SUPERVISOR: _____

TIME: _____

☐ IN PERSON ☐ VIRTUAL

☐ INDIVIDUAL ☐ GROUP (#____)

PRE-SESSION GOALS _____

☐ MET ☐ UNMET

AGENDA FOR SESSION (CLIENT REVIEW, DOCUMENTATION, RESEARCH, TREATMENT TECHNIQUES, ETC)

TOPICS

SUPERVISE STRENGTHS

SUPERVISEE GROWTH OPPORTUNITIES

COGNITIVE ORIENTATION

DIALECTIC <----->
FORMAL <----->
CONCRETE <----->
SENSORIMOTOR <----->

EXPRESSIVE THERAPIES CONTINUUM

CREATIVE	
COGNITIVE	SYMBOLIC
PERCEPTUAL	AFFECTIVE
KINESTHETIC	SENSORY

NOTES / GOALS FOR NEXT SESSION

DATE OF NEXT SESSION _____

SUPERVISEE _____

SUPERVISOR _____

CASE CONSULTATION

CLIENT NAME/IDENTIFIER

TREATMENT MODALITY:
INDIVIDUAL, GROUP, FAMILY

PRESENTING ISSUE

THEORETICAL APPROACH

NOTES

INTERVENTIONS UTILIZED/CONSIDERED

CLIENT STRENGTHS

CULTURAL CONSIDERATIONS

SUGGESTIONS/FOLLOW-UP

CLIENT NAME/IDENTIFIER

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