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**Authority & Quality Improvement Services (AQIS)**

**Adult & Older Adult Behavioral Health Support Team**

Clinical Supervision Documentation Sample

**Supervisee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_

**Check all topics discussed**:

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_ | Case review/update | \_\_\_ | Diversity/cultural issues |
| \_\_\_ | High risk issues | \_\_\_ | Ethical/legal issues |
| \_\_\_ | Assessment & Care Planning | \_\_\_ | Judgment/Decision making |
| \_\_\_ | Progress notes | \_\_\_ | Communication skills |
| \_\_\_ | Crisis intervention | \_\_\_ | Flexibility |
| \_\_\_ | Intervention | \_\_\_ | Transference/Countertransference |
| \_\_\_ | Information & referral (CMS) | \_\_\_ | Self-awareness |
| \_\_\_ | Termination | \_\_\_ | Other: |

**Comments** (including supervisee strengths, challenges, tasks to be completed)**:**

**Supervisee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

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