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

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

Clinical Supervision Documentation Sample

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

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| **Topic** | **Discussion** | **Recommendation/Action Items** |
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| **Clinical Documentation Review/Evaluation** | **Supervisee Strengths/Limitations** |
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| **Additional Comments** |
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