

Clinical Supervision: Weekly Session Form

Supervisor's Name: _____

Date: __/__/____

License #: _____

Start Time: __:__ End Time __:__

Supervisor's Employee: ID _____

- | | |
|---|--|
| <input type="checkbox"/> Case conceptualization | <input type="checkbox"/> Career goals |
| <input type="checkbox"/> Ethical issues | <input type="checkbox"/> Competence/Work abilities |
| <input type="checkbox"/> Boundaries Issues (specify below) | <input type="checkbox"/> Counter-Transference issues |
| <input type="checkbox"/> Conflict of interest | <input type="checkbox"/> Cultural issues |
| <input type="checkbox"/> Termination issues | <input type="checkbox"/> Relationship at the workplace |
| <input type="checkbox"/> Legal issues | <input type="checkbox"/> Review of clinical notes |
| <input type="checkbox"/> 5150/ Crisis | <input type="checkbox"/> Policies and Procedures |
| <input type="checkbox"/> Adult Protective Services (60+/disabled) | <input type="checkbox"/> Self-Care |
| <input type="checkbox"/> Child Protective Services (0 to 18) | <input type="checkbox"/> Trainings required/suggested |
| <input type="checkbox"/> Risk and Safety Planning | <input type="checkbox"/> Work stress/Burn-out |
| | <input type="checkbox"/> Other: _____ |

Description of the topic/s discussed during the session:

Follow-up Plan:

NAME OF SUPERVISEE(S)		TYPE OF SESSION
		Individual/Triadic: _____
		Group: _____
		MODALITY
		In-Person: _____
		Video: _____

- | | |
|----------|----------|
| 1: _____ | 5: _____ |
| 2: _____ | 6: _____ |
| 3: _____ | 7: _____ |
| 4: _____ | 8: _____ |