## Supervisory Session Note

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| **Supervisory Session Note** | | | | |
| **Student Information** | | | | |
| Student Name: | | | | |
| Banner ID: | | | | |
| **Practicum/Internship Site Information** | | | | |
| Agency/Organization Name: | | | | |
| Site Supervisor Name: | | | | |
| University Supervisor Name: | | | | |
| **Supervision Information** | | | | |
| Length of time spent with student: | | | | |
| Was given updated client list: | | | Yes □ | No □ |
| Type of Supervision: | | Individual □ | Triadic □ | Group □ |
| Mode of Supervision: | Live □ | Audio-tape □ | Video-tape □ | Case Report □ |
| Do you have any high-risk clients? | | | Yes □ | No □ |
| 1.) Client Initials: | | Couple □ | Individual □ | Group □ |
| Client at Risk? | | | Yes □ | No □ |
| Level of Risk: | | Mild □ | Moderate □ | Severe □ |
| Reviewed File Today? | | | Yes □ | No □ |
| Summary of Supervisory Discussion: | | | | |
| Further Treatment Recommendations: | | | | |
| 2.) Client Initials: | | Couple □ | Individual □ | Group □ |
| Client at Risk? | | | Yes □ | No □ |
| Level of Risk: | | Mild □ | Moderate □ | Severe □ |
| Reviewed File Today? | | | Yes □ | No □ |
| Summary of Supervisory Discussion: | | | | |
| Further Treatment Recommendations: | | | | |
| 3.) Client Initials: | | Couple □ | Individual □ | Group □ |
| Client at Risk? | | | Yes □ | No □ |
| Level of Risk: | | Mild □ | Moderate □ | Severe □ |
| Reviewed File Today? | | | Yes □ | No □ |
| Summary of Supervisory Discussion: | | | | |
| Additional Treatment Recommendations: | | | | |