## 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:  |