

Supervision Notes

Arizona Psychology Training Consortium

Supervisee Printed Name and Credentials: _____

Supervisee Signature: _____

Supervisor Printed Name and Credentials: _____

Supervisor Signature: _____

Clients:

Comments:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are any clients at high risk for danger to self or others? No ___ Yes ___ If yes, whom _____

Supervisee Knowledge and Skill Development:

Assessment / Diagnosis: _____

Psychotherapy: _____

Diversity: _____

Ethics: _____

Career Entry: _____

Supervisee Professional Development:

Supervisee Strengths: _____

Supervisee Growth Areas: _____

Progress on Learning Goals: _____

Comments: _____

Date and Duration of This Supervision Session: _____ Hour(s)

Date and Time of Next Supervision Session: _____ AM PM