

Supervision Session Note Template

Confidentiality: Supervision record (not psychotherapy). Maintain per policy and applicable jurisdictional requirements.

Supervisor: _____ **Credentials/License:** _____

Supervisee(s): _____ **Status:** _____

Date: // _____ **Start-End: – Minutes:** _____

Format: Individual Group (# _____) **Modality:** In-person Video Phone Hybrid

Location/Platform: _____ **Attendance:** Present Late Partial No-show

Materials reviewed: Case list Tx plans Notes Recording Measures Collateral Other: _____

1) Agenda (set at start)

Supervisee priorities (top 3):

- 1) _____
- 2) _____
- 3) _____

Supervisor priorities: Safety/risk Ethics/boundaries Documentation/QA Skill focus:

2) Case Review Method (check all used)

- Verbal case presentation Structured formulation Live observation/co-therapy
 Audio/video review (timestamps: _____) Chart review (dates: _____)
 Measures/outcomes review Critical incident review Other: _____

3) Risk / Safety / “Stop-the-Line” (required each session)

SI: N/A Reviewed—notes/actions:

HI/Violence: N/A Reviewed—notes/actions:

Abuse/Neglect/Mandated report: N/A Reviewed—notes/actions:

Acute psych/mania/intox/medical risk: N/A Reviewed—notes/actions:

Scope/competence concern: N/A Yes—details:

Subpoena/complaint/audit/legal-risk: N/A Yes—details:



Escalation used: Supervisor contacted Back-up contacted 911/ER/Crisis line Other:

Disposition/plan (if any):

4) Cases Reviewed (use de-identified IDs; add lines as needed)

Case ID	Primary focus	Key guidance/directive	Follow-up needed
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

5) Feedback (behaviorally anchored)

Strengths observed:

Growth edge/correction:

Skill focus for practice (1–2): 1) _____ 2) _____

Parallel process / transference-countertransference: N/A Addressed—notes:

Cultural/systemic check: N/A Addressed—notes:

6) Action Steps (SMART)

Action Step	Owner (S/Sv)	Due	Evidence
_____	_____	/	_____
_____	_____	/	_____
_____	_____	/	_____

Documentation tasks: Tx plan update Note corrections ROI obtain/renew Safety plan update Other: _____

7) Follow-Up Plan

Next supervision date/time: // _____

Priority items next time: 1) _____ 2) _____

3) _____

Interim consultation plan:



Sign-Off

Supervisor attestation: I provided supervision as documented; safety/ethics addressed as indicated.

Supervisor signature: _____ **Date:** // _____

Supervisee acknowledgment (optional): _____ **Date:** // _____

