

Counseling Supervision Form

Patient/Client Information:

Name:

Age:

Gender:

Date of Birth:

Contact Information:

Occupation:

Brief Description of Presenting Concerns:

Session Details:

Date of Session:

Duration of Session:

Location of Session:

Counselor/Supervisor Name:

Goals for Supervision:

- 1.
- 2.
- 3.

Discussion Points:

1. Presenting Concerns/Issues Discussed:

2. Progress Since Last Session:

3. Challenges Encountered:

4. Insights Gained:

5. Strategies/Treatment Approaches Utilized:

6. Client Feedback/Reactions:

7. Counselor's Self-Reflection:

Ethical Considerations:

1. Informed Consent Obtained:

2. Confidentiality Maintained:

3. Cultural Competence Demonstrated:

4. Ethical Dilemmas Addressed:

Professional Development:

1. Continuing Education/Training Needs:

2. Areas for Skill Enhancement:

3. Multicultural Competence Goals:

4. Self-Care Strategies Implemented:

Feedback and Evaluation:

1. Counselor's Performance:

2. Progress Towards Goals:

3. Client Satisfaction/Feedback:

4. Suggestions for Improvement:

Next Steps:

1. Treatment Plan Adjustments:

2. Goals for Next Session:

3. Follow-Up Appointment Scheduled:

4. Additional Resources/Referrals Provided:

Supervisor's Signature: _____

Date: _____

Client's Signature (if applicable): _____

Date: _____