

SUPERVISION LOG

Date: _____

Supervisee's name: _____

Method of Supervision: _____ Individual _____ Group _____ Record Review
_____ Observation

Liability Questions:

- Since our last meeting, has anything happened that might put you in a difficult situation with any of your clients? ___ Yes ___ No If yes, please explain.
- Are any of your clients suicidal or homicidal? ___ Yes ___ No If yes, please explain.
- Do you have any questions or concerns about confidentiality? ___ Yes ___ No If yes, please explain.
- Are there any "Duty to Warn" issues with any clients? ___ Yes ___ No If yes, please explain.

Issues Discussed (what happened during supervision?)

Individual Development Plan/Supervisee Comments

Next Scheduled Supervision Date: _____

Supervisor's name: _____
