

Supervision Record

Name of Supervisee: _____ Date of supervision: _____ Length of meeting: _____

Type of meeting: One to One Group Phone

Areas/Issues Reviewed	Content of Meeting	Continue or Mastered
Scope of Practice		
Cultural Awareness		
Conflict Resolution		
Confidentiality		
HIPAA/HIPPA Hi-Tech		
Self-Care		
Liability		
Documentation		
Ethics/Code of Ethics		
Technology Issues		
Case Study		
Skills and Values		
Practice Methods		
Development of Social Work Knowledge		
Other:		
Other:		

Next meeting date and time: _____ Amount paid today: _____

Supervisor signature: _____ Supervisee signature: _____