SUPERVISION CONTRACT

Name of supervisee: _______________________

Name of supervisor: ___________________

Site/location of supervision:___________________________________________________________

Supervision Requirements:

1. Supervision meetings (frequency/duration/date/time):

2. Supervisory responsibilities:

3. Modalities of supervision:

4. Preparation for supervision:

5. Confidentiality and consent:

6. Out of office contacts (client or referral):

7. Handling of therapeutic emergencies:

8. Review of progress and evaluation of supervision:

9. Grievance procedure:

10. Documentation requirements:

11. Caseload:

12. Work schedule:

13. Administrative responsibilities:

14. Roles of multiple supervisors:

15. Fees and payment for supervision:

16. Termination of contract:

The above items delineate the scope of the supervision contract entered into this _______ day of ___________, 2012. I have read, understand and agree to abide by each of the preceding obligations contained in this supervision contract.

______________________________________  __________________________
(Supervisee signature)  (Date)

______________________________________  __________________________
(Supervisor signature)  (Date)
SUPERVISION CONTRACT

This contract serves as verification and description of the clinical supervision provided by ____________________ (“supervisor”), (license, credentials, title, agency affiliation), to ____________________ (“supervisee”) (license, credentials, title, agency affiliation).

Purpose of supervision

The purpose of clinical supervision is to monitor and ensure welfare of clients, promote the development of supervisees’ clinical and professional identity, evaluate competence of supervisee and fulfill requirements for licensure.

Supervision meetings and fees

I, ____________ (“supervisor”) agree to provide individual face-to-face clinical supervision to ________________ (“supervisee”) for ______ hour(s) per week on (day and time). Supervisory sessions will occur at (supervision site/location). Payment of (agreed upon fee) for individual supervision is due at the beginning of each session. If a circumstance arises that makes it impossible for you to attend a scheduled session, contact me as soon as you know you will miss the session in order to reschedule.

Duties and responsibilities of supervisor

As your clinical supervisor, I will:

1. review all diagnoses and treatment/service plans
2. challenge you to justify approaches and techniques used
3. monitor clinical skills and techniques
4. present and model appropriate clinical interventions
5. intervene directly if client welfare is at risk
6. develop and monitor achievement of supervision goals
7. ensure that ethical guidelines and legal statutes are upheld
8. remain clinically competent and skilled in clinical supervision
9. maintain adequate liability and malpractice insurance

Duties and responsibilities of supervisee

As the supervisee, you will:

1. be prepared to discuss all client cases using clinical notes, direct work samples, video/audio tape (with signed consent)
2. discuss diagnoses made as well as approaches and techniques used
3. present any boundary issues, dual relationships or other ethical concerns
4. uphold all ethical guidelines and legal statutes, to include reporting any ethical or legal violations immediately
5. consult with supervisor or another designated contact person in emergencies
6. implement supervisor directives in subsequent client sessions
7. inform supervisor of all new and terminated cases
8. read, understand and implement all clinical policies/procedures
9. maintain liability and malpractice insurance at a level approved by supervisor

Procedural considerations

All supervisee cases will be reviewed on a rotating basis and in accordance to the priority needs of each case. Clients of the supervisee must give informed consent for supervision of their cases, including supervisor’s name and contact information. Case/clinical documentation will be reviewed at each supervision session. In the event of an emergency, supervisee will contact supervisor. If supervisor is not available, then contact (name, title and contact information of clinical back-up). All
crisis and emergency consultations must be documented by both the supervisor and supervisee. Supervision goals and specific learning objectives will be mutually developed, monitored and evaluated, including modification as needed. The content of our sessions and evaluations is kept strictly confidential, except when disclosure is required by law or when (other circumstances when information may not be confidential).

Evaluation
Supervision is an interactive process intended to monitor the quality of client care, improve clinical skills and facilitate professional and personal growth. You should expect candid and timely feedback of your clinical interventions in a supportive environment. Evaluation criteria will include (list specific evaluation criteria). Informal feedback will be provided at the close of each session and a formal evaluation will occur (include frequency). If you disagree with your evaluation or are dissatisfied with your supervision, please discuss this with me. If you continue to be dissatisfied, then you may (include grievance process, if applicable).

Statement of Agreement
This contract is subject to revision at any time upon the request of either supervisor or supervisee. Revision of the contract can be made only by consent of both parties. The contract may be terminated by either party with 30 days prior written notice. Otherwise, this contract shall terminate (state additional conditions for termination or time period).

The above items delineate the scope of the supervision contract, entered into this __________ day of __________, 2012. I have read, understand and agree to abide by the preceding obligations contained in this contract.

_________________________  __________________________
Supervisee signature        Date

_________________________  __________________________
Supervisor signature        Date
SUPERVISION LOG

Supervisee Name: ___________________________  Month/year: ____________

Supervisor Name: ___________________________

Supervision received: Indicate the supervisor’s initials, date and number of hours (per quarter hour). If audio or videotapes were reviewed, record the amount of supervision time spent on each (e.g. .5 hours V).

| Date m/d/y | Individual Supervision Hours | Group Supervision Hours | Total Hours | Total Hours to Date | Type of Case:  
(1) Individual  
(G) Group  
(F) Family  
(C) Couples | Supported by:  
(A) Audio  
(V) Video  
(L) Live  
(S) Self-Report | Comments: | Initials of Supervisor |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supervisor Signature: ___________________________________________  Date: ________________________
# LIVE SUPERVISION FORM

Date of session: _______________      Time: _____________      Location: _______________

Supervisee Name: _______________________   Client Name: __________________________

**Session Objectives:**
1. _______________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________

**Live Intervention Format (pre-arranged):**
- [ ] phone-in
- [ ] knock
- [ ] walk-in
- [ ] at 20 mins.
- [ ] at 40 mins.
- [ ] other: ________________________

Specific intervention style: _______________________________________________________

Supervisee’s theoretical orientation: _______________________________________________

Skill Development Goals: _________________________________________________________

Session Themes/Hypotheses: ______________________________________________________

Supervisor Observations: _______________________________________________________

Messages and/or Assignments: ____________________________________________________

Recommendations for Future Sessions:______________________________________________

Next Appointment: ________________      Follow-up required:   [ ] yes   [ ] no

Review progress note:   [ ] yes   [ ] no      Discuss in supervision: [ ] yes   [ ] no

Approved supervision credit:   [ ] yes   [ ] no      Duration (hr/min): ____________

Supervisor Signature: _______________________________      Date: __________________

**SUPERVISION RECORD** for ______________________

(name of supervisee)

Client name: ______________________  Session #: ______________  Date: ___________

Type of Case Reviewed:  □ first time  □ continuing  □ closed

<table>
<thead>
<tr>
<th>Supervisee Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported by:  □ audio/visual  □ live session  □ self-report  □ progress notes</td>
</tr>
<tr>
<td>Presenting issues of client: ______________________________________________________</td>
</tr>
<tr>
<td>Intervention/action by the supervisee: _____________________________________________</td>
</tr>
<tr>
<td>Self-awareness of supervisee: _____________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention/action directed by supervisor: ________________________________________</td>
</tr>
<tr>
<td>Date completed by supervisee: ____________________________________________________</td>
</tr>
<tr>
<td>Execution of therapeutic interventions: ____________________________________________</td>
</tr>
<tr>
<td>Recommendations/Comments: ______________________________________________________</td>
</tr>
</tbody>
</table>

Liability issues:  Dangerousness assessed:  □ yes  □ no  □ n/a  
Hospitalization:  □ yes  □ no  □ n/a  
Documentation complete:  □ yes  □ no  □ n/a  
Supervisor informed:  □ yes  □ no  □ n/a

Supervisor signature: _____________________________  Date: ____________
# SUPERVISION LOG

Name of Supervisee: ________________________________

<table>
<thead>
<tr>
<th>Date of Supervision:</th>
<th>Type of Case: (I) Individual (G) Group (F) Family (C) Couples</th>
<th>Supported by: (A) Audio (V) Video (L) Live (S) Self-Report</th>
<th>Duration of Supervision:</th>
<th>Comments/Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supervisor Signature: ___________________________ Date: ______________
SUMMARY OF CASE PROGRESS

Client/Family Name: _______________________________ Date of Summary: __________

Number of sessions to date: ______________ Date began: ______ Date ended: ______

With Whom: ___________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Presenting problem(s): ____________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Case Formulation/hypothesis: ________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Recent Interventions and Effectiveness: ________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Client Goal(s): 1. ___________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________

Progress on Goals: Goal #1 □ no progress □ minimal □ significant □ goal achieved
Goal #2 □ no progress □ minimal □ significant □ goal achieved
Goal #3 □ no progress □ minimal □ significant □ goal achieved

Issues for supervision: _____________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Summary Recommendations from Supervisor: __________________________
_________________________________________________________________________________
_________________________________________________________________________________

Action Plan

Task: __________________________________________ Date due: __________
Task: __________________________________________ Date due: __________
Task: __________________________________________ Date due: __________

Supervisee signature: ______________________ Date: __________ Supervisor Initials: ______
RUNNING SUMMARY OF CLINICAL/SUPERVISION HOURS

For the month/year of: ____________/___________

Agency: _________________________________________

Number of sessions:

___________ Individual    _________ Family
___________ Group    _________ Couples

Total number of clients: __________

Total number of clinical hours for month: ______________

Number of Supervision Hours:

___________ Individual    _________ Family
___________ Group    _________ Couples

Name and licensure of clinical supervisor: ________________________________

___________________________________ __________________________
Signature of clinical supervisor    Date

Number of sessions to date:

___________ Individual    _________ Family
___________ Group    _________ Couples

Total number of clients to date: __________

Total number of clinical hours to date: ______________

Number of Supervision Hours to date:

___________ Individual    _________ Family
___________ Group    _________ Couples
SUPERVISORY RECORD FORM

Supervisee: _________________  Date: _____________  Session #: __________

IDENTIFYING INFORMATION

Case:  

Supervisee Concern:  

<table>
<thead>
<tr>
<th>Supervisory Activity</th>
<th>Supervisory Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Documents:</td>
<td>Treatment: __________________</td>
</tr>
<tr>
<td>Case Record:</td>
<td></td>
</tr>
<tr>
<td>Audio/visual Record:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Theoretical issues:</td>
<td></td>
</tr>
<tr>
<td>Process Observations:</td>
<td></td>
</tr>
<tr>
<td>Supervisee self-awareness:</td>
<td></td>
</tr>
<tr>
<td>Treatment Evaluation:</td>
<td></td>
</tr>
<tr>
<td>Other Comments:</td>
<td></td>
</tr>
</tbody>
</table>