



Supervisory Session Note – School Counseling

SUPERVISORY SESSION NOTE				
STUDENT INFORMATION				
Student Name:				
Banner ID:				
PRACTICUM/INTERNSHIP SITE INFORMATION				
Agency/Organization Name:				
Site Supervisor Name:				
University Supervisor Name:				
SUPERVISION INFORMATION				
Length of time spent with student:				
Was given updated client list:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of Supervision:		Individual <input type="checkbox"/>	Triadic <input type="checkbox"/>	Group <input type="checkbox"/>
Mode of Supervision:	Live <input type="checkbox"/>	Audio-tape <input type="checkbox"/>	Video-tape <input type="checkbox"/>	Case Report <input type="checkbox"/>
Do you have any high-risk clients?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.) Client Initials:		Couple <input type="checkbox"/>	Individual <input type="checkbox"/>	Group <input type="checkbox"/>
Client at Risk?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of Risk:		Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Reviewed File Today?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Summary of Supervisory Discussion:				
Additional Treatment Recommendations:				



2.) Client Initials:	Couple <input type="checkbox"/>	Individual <input type="checkbox"/>	Group <input type="checkbox"/>
Client at Risk?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of Risk:	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Reviewed File Today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Summary of Supervisory Discussion:			
Additional Treatment Recommendations:			
3.) Client Initials:	Couple <input type="checkbox"/>	Individual <input type="checkbox"/>	Group <input type="checkbox"/>
Client at Risk?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of Risk:	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Reviewed File Today?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Summary of Supervisory Discussion:			
Additional Treatment Recommendations:			