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| **Clinical Supervision Session Record** | | | | | |
| Supervisee:  Supervisor:  Date: | | | | | |
| **Client details** | | **Client 1** | | | **Client 2** |
| Initials | |  | | |  |
| Disorder | |  | | |  |
| No. of completed sessions in the contract | |  | | |  |
| Session 1 IAPT scores | |  | | |  |
| Current IAPT scores | |  | | |  |
| **Supervision issues and/or questions:   Supervision notes**: | | | | | |
| **Agreed actions:** | | | | | |
| **Supervisee reflections, e.g. theoretical, clinical and/or personal learning plan:** | | | | | |
| **Supervisor comments:** | | | | | |
| **Supervision method**\*  (please underline and initial for each client)  \*individual case discussion  \*case management  \*theory development  \*direct observation (including video)  \*feedback on audio/visual recording  \*use of CTS-R  \*role play/rehearsal | | | **Close supervision**  (Record case initials and time spent watching video/observing) | | |
| **Time spent on case** | **Case 1:** | | | **Case 2:** | |
| **Supervisor signature:** | | | **Supervisee signature:** | | |