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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:** |