

Clinical Supervision Notes Template

Educational meeting record for US therapy practices. Use anonymized case references. Do not paste session transcripts or full PHI. Not legal advice. Retention follows your board, employer, and written policy — do not invent a universal period on this form.

How to use this sheet

Complete one form per supervision meeting. File it in your supervision system, not the client chart by default. Put treatment and safety changes in the client record. Sign the same day when possible.

Meeting header

- ☐ Date (YYYY-MM-DD): _____ Start/end time: _____
- ☐ Modality: in person / video / phone Type: individual / triadic / group
- ☐ Setting: pre-licensure / peer / administrative
- ☐ Supervisee name + credentials + role: _____
- ☐ Supervisor name + credentials + role: _____
- ☐ Related agreement / hour-log ID: _____

Case references (anonymized — no full names unless policy requires)

- ☐ Case A ID/initials: _____ Presenting focus: _____
- ☐ Why raised today: _____
- ☐ Case B (optional): _____
- ☐ Non-case topics (docs skill, ethics education, self-care, systems): _____

Discussion focus

- ☐ Primary clinical or professional question: _____
- ☐ Competence domain: assessment / intervention / ethics / diversity / documentation / rupture-repair / other: _____
- ☐ What the supervisee already tried: _____
- ☐ Cultural, identity, or systems factors considered: _____

Ethical, legal, and risk issues

- ☐ Risk domains reviewed: none / suicide / self-harm / harm to others / child-elder-vulnerable adult / DV / substance / boundary
- ☐ Mandated reporting or duty-to-protect question: no / yes — outcome: _____
- ☐ Consent, dual relationship, confidentiality, telehealth jurisdiction: _____
- ☐ Immediate safety or escalation step today: none / describe + owner: _____
- ☐ Client-chart entry required for safety or plan change: yes / no

Guidance, actions, and attestation

Keep case references anonymized. Put client-facing treatment or safety changes in the client chart.

Supervisor guidance

- ☐ Direction given (clinical, ethical, documentation, systems): _____
- ☐ Resources or models referenced (no copyrighted scale paste): _____
- ☐ Stays with supervisee judgment vs requires co-sign / consult / escalate: _____
- ☐ _____

Actions and follow-up

- ☐ Action 1: _____ Owner: _____ Due: _____
- ☐ Action 2: _____ Owner: _____ Due: _____
- ☐ Action 3: _____ Owner: _____ Due: _____
- ☐ Items for next supervision agenda: _____
- ☐ Hours credited this meeting (if applicable): ____ Running total: policy-owned

Additional notes (anonymized)

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Attestation

- ☐ Supervisee signature / e-sign + date: _____
- ☐ Supervisor signature / e-sign + credentials + date: _____
- ☐ Optional clinical director reviewer: _____
- ☐ Storage location confirmed (supervision file path/system): _____