

**Agency Name**  
**Clinical Supervision Note**

Date: \_\_\_\_\_ Start/Stop Time: \_\_\_\_\_ # of Supervision Hours: \_\_\_\_\_  
Modality: \_\_\_\_\_ Group or Individual Supervision Session

Narrative Description of Supervisory Session:

Supervisor Impressions:

Follow-up needed by supervisee:

Follow-up needed by supervisor:

Supervisee Name \_\_\_\_\_

Supervisee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_