

THE INSTITUTE FOR FAMILY ENRICHMENT
Clinical Supervision Note

Clinician:	<input type="checkbox"/> Office	<input type="checkbox"/> Field	<input type="checkbox"/> Therapist	<input type="checkbox"/> PP	<input type="checkbox"/> IISC
Supervisory Goals:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewed:

<input type="checkbox"/> Service / treatment plan correlation to IEP / CSP	<input type="checkbox"/> Progress and outcomes of interventions	<input type="checkbox"/> Teaming with school / FGC / family
<input type="checkbox"/> Crisis, transition, discharge plans	<input type="checkbox"/> ID / plan to overcome obstacles to student progress	<input type="checkbox"/> Chart / discharge summary review
<input type="checkbox"/> Use of Effective Best Practice interventions towards objectives/goals	<input type="checkbox"/> Pre-post / annual assessments (ATEC, CAFAS)	<input type="checkbox"/>

Discussion:

Supervision group attended this month? Yes No - Date planning to attend? _____

Follow-up: _____

Skills trainers/PP on cases:

IISC/Therapist on cases:

Attended _____ # of trainings (list trainings):

Administrative Issues/Performance Evaluation Follow-up: Yes No N/A

 Supervisor's Name, Credentials & Signature

 Date of Supervision/Duration

File in Personnel Record