Individual Supervision Meeting Agenda

Review

*Objective: To assist in the documentation and organization of fieldwork experience hours.*

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| Supervisee:       Supervisor:       Date:       Start time:       End time:       Format:  |
| ☐ Fieldwork Tracker Check ☐ Supervised Fieldwork ☐ Practicum ☐ Intensive Practicum

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| --- | --- | --- | --- |
| Month to Date |  | Total Accrued |  |
| Independent Hours:  |  | Independent Hours:  |  |
| Unrestricted Hours:  |  | Unrestricted Hours:  |  |
| % Unrestricted:  |  | % Unrestricted:  |  |
| # Supervision Contacts: |  | # Supervision Contacts: |  |
| % Supervision  |  | % Supervision |  |

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| ☐ Supervisee Check Supervisee questions and feedback:    |
| ☐ Observation CheckObservation date:       Skills demonstrated:                        Feedback:  |
| ☐ Clinical Practice CheckType: ☐ completed ☐ not completed Total Unrestricted hours:      Feedback:                                     Next assignment:       |
| ☐ Task List Review Check

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| **Task** | **Assessment** | **Feedback** | **Review** |
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