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   |  |  |  |  | | --- | --- | --- | --- | | Month to Date |  | Total Accrued |  | | Independent Hours: |  | Independent Hours: |  | | Unrestricted Hours: |  | Unrestricted Hours: |  | | % Unrestricted: |  | % Unrestricted: |  | | # Supervision Contacts: |  | # Supervision Contacts: |  | | % Supervision |  | % Supervision |  | |
| ☐ Supervisee Check  Supervisee questions and feedback: |
| ☐ Observation Check  Observation date:  Skills demonstrated:  Feedback: |
| ☐ Clinical Practice Check  Type: ☐ completed ☐ not completed Total Unrestricted hours:  Feedback:    Next assignment: |
| ☐ Task List Review Check   |  |  |  |  | | --- | --- | --- | --- | | **Task** | **Assessment** | **Feedback** | **Review** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |