

Partners in Recovery

Clinical Supervision Log – Part One

Document all non-direct care on the Administrative Supervision Log – Part Three

Staff Member Name (Print or Type): Supervisor Name (Print or Type):	
Supervision Format (please select one option only) <input type="checkbox"/> Individual Clinical Supervision <input type="checkbox"/> Group Clinical Supervision	
List the Date and Duration of the Supervision Session Date: Duration:	
Topic or Topics Addressed (Check all that apply): <input type="checkbox"/> Knowledge of Recipient Issues/Needs <input type="checkbox"/> Assessment/ISP is Complete/Meets Recipient's Needs <input type="checkbox"/> Recipient Objectives/Services Provided <input type="checkbox"/> Appointment Attendance <input type="checkbox"/> Level of Symptoms <input type="checkbox"/> GAF Score <input type="checkbox"/> Verification of no conflict of interest between supervisor and supervisee <input type="checkbox"/> Other: <input type="checkbox"/> <i>Recipient PHI found on Clinical Supervision Log – Part Two (not to be included in HR records).</i>	<input type="checkbox"/> Living Situation <input type="checkbox"/> Activity Level <input type="checkbox"/> Date of Last Service Delivery <input type="checkbox"/> Community Based Service Delivery <input type="checkbox"/> Relapse Prevention <input type="checkbox"/> Reviewing Recipient's Record <input type="checkbox"/> Verification of no conflict of interest between supervisee and recipient
Review of Action Items from Previous Supervision: Were Action Items Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Recommendation of Additional Training, Including Actions to be Taken by Staff Member (Check all that apply): <input type="checkbox"/> ISP <input type="checkbox"/> Part E Assessments <input type="checkbox"/> Referrals <input type="checkbox"/> Clinical Documentation <input type="checkbox"/> AHCCCS/Medicare <input type="checkbox"/> Other:	<input type="checkbox"/> Case Management Training/Mentoring <input type="checkbox"/> Staff Supervision Training/Mentoring <input type="checkbox"/> Monday Report <input type="checkbox"/> Community Resources <input type="checkbox"/> HIPAA Privacy
Actions to be taken by Supervisor:	
Staff Member's Comments:	

Staff Member's Signature, Title and Credentials

Date

Supervisor's Signature, Title and Credentials

Date