Partners in Recovery

Administrative Supervision Log – Part Three

For activities such as billing encounters, documentation requirements, reviewing policies, staff performance, or non-direct care issues.
Does not count toward the four hours of monthly *Clinical Supervision* required for a BHT or BHPP (Clinical Supervision Log – Part One & Two)

Staff Member Name (Print or Type):

Supervisor Name (Print or Type):

Supervision Format (please select one option only)

☐ **Individual Administrative Supervision**

☐ **Group Administrative Supervision**

List the Date and Duration of the Supervision Session

Date:

Duration:

Topic or Topics Addressed (Check all that apply):

☐ **Billing Encounters**

☐ **Documentation Requirements**

☐ **Reviewing Policies**

☐ **Staff Performance**

☐ **Case Load Review**

☐ **Units of Service Delivered**

☐ **Non-Direct Care Issues/Other:**

Comments/Recommendations:

Review of Action Items from Previous Supervision:

Were Action Items Completed? Yes ☐ **No** ☐

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**