Partners in Recovery
Group Clinical Supervision Log
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Staff Member Name: _____ Clinic: _____

Date: ***Please see attached Group Clinical Supervision Sign-in Sheet***
Group Session Duration: ***Please see attached Group Clinical Supervision Sign-in Sheet*** (15 minute increments)

☐ Assessment or Referral Skills ☐ Treatment Effectiveness ☐ Unique Needs of Older Adults ☐ Unique Treatment Needs of SMI ☐ Promoting Client Dignity & Respect ☐ Ethics	☐ Clinical Skill Enhancement ☐ Client Behavioral Health Issues ☐ Unique Tx Needs-Young Adults ☐ Unique Tx Needs-Co-Occurring ☐ Treatment Planning Skills	☐ Appropriateness of Treatment Intervention ☐ Records and Documentation ☐ Unique Tx Needs with Substance Abusers ☐ General Skills & Knowledge Enhancement ☐ Other _____
☐ Clinical Team Staffing ☐ ISP Reviews ☐ COT Reviews ☐ Grand Rounds ☐ Critical Case Conference	☐ Interactive Learning: Role playing ☐ Medical Quality Review ☐ Best Practice Review ☐ Other _____	☐ Other_____ ☐ Other_____

Goal of Supervision Exercise:

Case Formulation (Details of the case as well as how the case relates to the goal):

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(Attach Group Clinical Supervision Sign-In Sheet to This Form)

Case Resolution (How issues identified are resolved successfully):

Competency Evaluation Type (Test, role-play, discussion, questioning, observation or other): _____
(Must indicate verification of competency on the attached sign-in sheet)

Please see attached Group Clinical Supervision Sign-in Sheet
Name, signature, and professional credential or job title of staff member receiving clinical supervision Date

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