CLINICAL SUPERVISION
THERAPY SESSION INTERVIEW FORM

(To be submitted with each videotape)

Clinician: _____

Clients (first name only): _____

Date of Interview: _____

What is the overall treatment plan for this youth and his/her family?

What are the current problems identified by the youth?

What was the plan for this session?

What actually occurred in the session?

What is your assessment of the session as measured by movement towards the treatment goals?

What are your plans for continued therapeutic direction with this family?

What help would you like from the supervisor regarding your work during this session?

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