

**THE CORRECTIONAL TREATMENT FACILITY
SUPERVISION LOG**

Supervisee Name/Credentials		Date Goal(s) Developed
POSITION:		
DEVELOPING _____ Limited understanding and/or inconsistent; new in field frequent supervision required	PROFICIENT _____ Applies Knowledge, Skills and Attitudes of Addiction counseling; regular support required	EXEMPLARY _____ Develops/implements strategies consistently and effectively; minimal supervision required
GOAL/ SKILL/ AREA OF FOCUS		
METHOD OF SUPERVISION		
Individual _____ Group _____ Review of Clinical Documentation _____ Observe Skills With Client _____ Other/QA reports _____		
FREQUENCY OF SUPERVISION		
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually		
PROGRESS TOWARD GOAL		
SUPERVISEE COMMENTS		
We agree to mutually work toward the above established goal(s) and to utilize the above methods of supervision.		
_____ Supervisee Name/Credentials/Date		_____ Supervisor/Credentials/Date
_____ Clinical Supervisor/Credentials/Date		
NEXT SUPERVISION DATE:		