

SUPERVISEE INFORMATION SHEET

Date: _____

Name: _____

Address: _____

Home Telephone No.: _____ **E-mail:** _____

Date of Birth: _____

SSN _____

Employer: _____

Work Telephone No.: _____

Work Hours: _____

Referral Source: _____

Are you currently working with any other supervisors? (If so, list them)

Are there any specific things you would like to get out of the supervision process? (Ex: assessment techniques; crisis intervention; learning about community resources; therapy techniques; mental status evaluations; interpreting psychological reports; working with dual diagnosis populations; ethical dilemmas; preparing for community or agency work; preparing for private practice; writing thorough casenotes; etc.) If so, which ones? Circle those of interest; list others.

Have you been in supervision for licensure before (and if so, with whom and how many hours have you accrued towards licensure)?

