Individual Supervision

Cornerstone Affiliate: Mental Health: Sign-In Sheet

Please read the following instructions:

- 1. Use one sign-in sheet per session.
- 2. Record the date (mm/dd/yy) and print name of the supervisor and her/his credentials. For auditing purposes, record the Start Time at the beginning of this supervision session and the End Time when the session adjourns. Circle whether AM or PM.
- 3. Print names of attendees and acquire signatures.
- 4. Record the number of hours attended in the column on the right (i.e. 1 hour and 15 minutes = 1.25 hours. Please round to the nearest 15 minutes). If an attendee does not stay for the entire session, record the actual hours attended in this column.
- 5. Before signing this sheet, please be sure that all fields are filled in correctly.

<u>Clinical Consultation Definition</u>: Peer consultation is a peer review process engaged in by counselors with equivalent levels of licensure. Reviews may include case presentations, ethics concerns, continuing education presentations and updates regarding professional issues. Consultation does not mean that the consulting clinician takes on vicarious responsibility for the consultee's cases.

| Date: | | Start Time: | am/pm | |
|--|-----------------|---------------|----------------|-------|
| | | End Time: | am/pm | |
| Consultation Type (check or | ie): | <u> </u> | | |
| □Individual | \square Group | ☐Team Meeting | ☐ Case Reviews | □Peer |
| Brief Description of Consultation Session (general overview, de-identified subject focus): | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | T= | |
| | | | Total Hours: | |
| | | | | |
| Affiliate (printed name): | | | Credentials: | |
| | | | | |
| Consulting Clinician (signature & credentials): | | | | |