

Supervision Observation Form

Therapist: _____

Date: ___/___/20___

This is session # _____ with this individual/couple/family. Supervisor: _____

Situation:	Therapeutic Plan for this Session:

Joining Skills 0 1 2 3 4 5 _____

Listening Skills 0 1 2 3 4 5 _____

Intervention/Evidence-based Practice 0 1 2 3 4 5 _____

Thorough Assessment 0 1 2 3 4 5 _____
 (Problem/Goal/Attempted Solutions/
 Alcohol/World View/Developmental Stages)

Probing, Flexible Questions 0 1 2 3 4 5 _____
 (Circularity/Neutrality/
 Hypothesizing/Strategizing)

Clarification, Confrontation 0 1 2 3 4 5 _____

Directing Transactions 0 1 2 3 4 5 _____

Examining Transitional Patterns 0 1 2 3 4 5 _____

Direct Interventions 0 1 2 3 4 5 _____

Indirect Interventions 0 1 2 3 4 5 _____

Comments: _____

Code:					
0 - Skill not required	1 - Skill required but not used	2 - Introductory skill level	3 - Competent skill level	4 - Very good skill level	5 - Creative, flexible use of skills