

SAMPLE CLINICAL SUPERVISION CONTRACT

Date ___/___/_____

This document may serve as a description of the Clinical Supervision provided by Jane Doe, LIDCD-CS, to John Doe, CDCA.

Goals of Supervision:

1. To monitor and ensure client welfare at (agency, program, practice, etc.)
2. To promote the Supervisee's professional development in (specific task, skill, core function, etc.)
3. To ensure adherence to ethical and legal standards of Chemical Dependency counseling profession

Methods:

1. Face-to-Face individual supervision will occur each Friday at 2:00 PM. Each session will be scheduled for one (1) hour.
2. The Developmental Model of Supervision will be used.
3. During the individual supervision sessions the Supervisor and Supervisee will review the Supervisee's recent documentation, including assessments, progress notes, and treatment plans.
4. The Supervisee will submit one (1) audio recording of individual counseling session every 4 weeks. The Supervisee must secure the written consent of the client who agrees to the audio recording, at the Supervisee must explain the session will be reviewed by the Supervisor and then destroyed.
5. The Supervisor will provide the Supervisee with verbal feedback regarding performance during each supervision session. The Supervisor will keep a written record of each Supervision session, and the Supervisee has the right to review the record as needed.

Considerations:

1. The individualized goals stated above may be adjusted with the mutual consent of the Supervisor and Supervisee.
2. The quality of the supervisory relationship will be discussed throughout the relationship.
3. Both the Supervisor and Supervisee agree to uphold the specifications of the contract stated above, unless revised in another contract, for a period of one (1) year from the date signed.

Supervisee _____

Date _____

Supervisor _____

Date _____

SAMPLE SUPERVISION RECORD

Date: ___/___/_____

Supervisee Name: _____

Supervisor Name: _____

Goals of Supervision:

1. _____
2. _____
3. _____

Description of Session:

Actions Recommended to Supervisee:

Plan:

Supervisor Signature

Date