

Supervision Information Form

Name: _____ Today's date: _____

Nickname/Name you want to be called: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Birth Date: _____ Age: _____ Gender: _____

Please enter complete e-mail address:

Does anyone else have access to your e-mail address? Yes No

Employment Information

Agency Private Practice Current Student Other

Name of Employer: _____

Address: _____

Name of School : _____

Education - Highest Grade Completed _____

What do you hope to gain through supervision?

Previous Supervision History

Please check all that apply to reflect your previous experiences in clinical supervision.

Individual supervision

If yes, when/where, and with whom did you receive supervision?

Group supervision

If yes, when/where, with whom did you receive supervision?

Coursework/Training in Specialization Area

If yes, when/where, and with whom have you completed coursework/training related to a specific specialization:

What are your biggest strengths? _____

What are your biggest challenges at present?

Have you ever been found in violation of a legal statute or ethical code? If so, please describe below:

Interactions between counselor and supervisee are confidential. Unless I have permission from you, what we talk about will be private; I will not discuss it with anyone else.

There are four major exceptions to confidentiality that Colorado law requires all mental health professionals to report when there exists:

1. Incidence(s) of child or elder abuse or neglect;
2. Intent to commit suicide;
3. Threats to do harm to yourself, another person, and or specific population;
4. Court order

Supervisee's (signature) _____ **Date** _____

Supervisor's (signature) _____ **Date** _____