

# SUPERVISION OBSERVATION FORM

Therapist \_\_\_\_\_ Date \_\_\_\_\_

This is session # \_\_\_\_\_ with this family. Supervisor \_\_\_\_\_

## Family Situation

## Therapeutic Plan for this Session


Joining Skills	0 1 2   3 4 5	_____
Tracking Skills	0 1 2 3 4 5	_____
Thorough Assessment (Problem/Goal/Attempted Solutions/ Alcohol/World View/Development Stages)	0 1 2 3 4 5	_____ _____
Probing, Flexible Questions (Circularly/Neutrality/ Hypothesizing/Strategizing)	0 1 2 3 4 5	_____ _____
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 \_\_\_\_\_

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<b>Code:</b>	0 – Skill not required	1 – Skill required but not use	2 – Introductory skill level	3 – Competent skill level	4 – Very good skill level	5 – Creative, flexible use of skills
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