

Supervisee Intake for Clinical and Consulting Supervision
of Psychotherapists and Counselors
in Agencies and Private Practice

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Supervisee Name:

Address (office):

Address (home):

Phone (work):

(home):

Email:

Website:

License:

Expiration Date:

Supervision
Requirement:

Liability Insurance

Company

Address/Phone

Limits of Liability

Professional Training (include educational background, special training)

Have you had an ethics course or workshop? When?

What code of ethics is your guide?

Have you ever been charged with an ethical or procedural violation? If so, when, and what was the outcome?

Describe your job as a professional therapist. Please include the average number of clients you see per week, populations you serve, and your preferred therapeutic modality or theory.

Do you receive supervision from another professional? If so, describe the functioning of that relationship to the one you propose to have with me:

How frequently do you wish to have scheduled supervision appointments?

What materials have you reviewed from the Clinical Supervision portion of my website at www.psychod.com?

What are your goals for supervision with me at this time?

What are your strengths and weaknesses in your skills as a counselor or psychotherapist?

Do you have any concerns of which I should be aware that might impact on your psychotherapeutic work?

Thank you!! Please attach copies of any masters-level or above diploma, your liability insurance cover-page, any AZBBHE Consent Statement, and any other licenses relevant to your professional status.