**CLINICAL NOTES**

**Therapist’s Name: Terapia Supervisor:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE:** |  | **SESSION NO:** |  | **CLIENT CODE:** |  |
| **SUMMARY OF SESSION** (incl. key themes, main issues, client presentation/ observations) |
|  |
| **SUMMARY OF WORK DONE**(incl. key observations of self, main interventions, process and interaction with client) |
|  |
| **ISSUES / CONCERNS FOR SUPERVISION** |
| **DATE OF SUPERVISION** |  |
| **SUPERVISION FEEDBACK** |
|  |

**Therapist’s Signature: Date:**

**Supervisor’s Signature Date:**

 Issue 1 – June 2020