

SUPERVISION OBSERVATION FORM

Therapist: _____ Date: _____

This is session # _____ with this family.

Supervisor: _____

Family Situation: _____ _____ _____ _____	Therapeutic Plan for this Session: _____ _____ _____ _____
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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/Developmental Stages)	0	1	2	3	4	5	_____

Probing, Flexible Questions (Circularity/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: _____

Code:					
0 - Skill not required	1 - Skill required but not used	2 - Introductory skill level	3 - Competent skill level	4 - Very good skill level	5 - Creative, flexible use of skills