

**GEORGIA DEPARTMENT OF CORRECTIONS – MENTAL HEALTH SERVICES  
RECORD OF CLINICAL SUPERVISION**

Institution: \_\_\_\_\_ Date of Session: \_\_\_\_\_

Supervisee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start time of Session: \_\_\_\_\_ End time of Session: \_\_\_\_\_ Modality: Group [ ] Individual [ ]

Offender/Cases Discussed:

Name	ID#	Name	ID#

Clinical Issues/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisee's Strengths and Limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature/Title of Supervisor

\_\_\_\_\_  
Date