GEORGIA DEPARTMENT OF CORRECTIONS – MENTAL HEALTH SERVICES SEMI-ANNUAL REPORT OF CLINICAL SUPERVISION

Institution: I	Date:
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Supervisee's Name/Title:

Comment on the following areas:

- a. The supervisee's attendance of weekly supervision sessions.
- b. The supervisee's attitude toward supervision.
- c. The supervisee's compliance with the supervisor's instructions.
- d. The supervisee's observation of professional boundaries with offenders and other staff.
- e. The supervisee's attitude toward offenders.
- f. The supervisee's adherence to the limits of confidentiality.

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Retention Schedule: Upon completion, this form will be placed in the staff member's supervision file

- g. The supervisee's clinical practices.
- h. Any ethical or clinical concerns about the supervisee's clinical practice.
- i. The supervisor's overall impression of the supervisee.

Supervisor's Signature/Title

Date

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