

### LSSP Supervision Form

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

Date: \_\_\_\_\_ Time Start: \_\_\_\_\_ End: \_\_\_\_\_ Duration: \_\_\_\_\_

Supervision session address the period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisee Licensure Status:  Practicum Student  LSSP Intern  LSSP Trainee  LSSP

Supervisee Professional Liability Insurance: \_\_\_\_\_

Check appropriate characteristics of supervision session:

Individual Supervision	Group Supervision	Remote/Electronic	Face-to-Face

Supervision Content:

Topic	Notes

Follow up suggested by Supervisor: \_\_\_\_\_

\_\_\_\_\_

**Measures of Professional Integrity: S- satisfactory; D- developing; U- unsatisfactory; N/A- not applicable**

Measure	Rating	Comments
Arriving on time for supervision		
Maintains professional interactions with students, staff, and parents		
Seeks/Accepts supervisory feedback appropriately		
Timely submission of written reports		
Communicates effectively - Written		
Communicates effectively - Oral		
Adheres to timelines		
Self-detects professional and personal limitations		

Supervisee Signature: _____	Supervisor Signature: _____