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:

<table>
<thead>
<tr>
<th>Individual Supervision</th>
<th>Group Supervision</th>
<th>Remote/Electronic</th>
<th>Face-to-Face</th>
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</thead>
</table>

Supervision Content:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Notes</th>
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Follow up suggested by Supervisor: ____________________________________________

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rating</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Arriving on time for supervision</td>
<td></td>
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<tr>
<td>Maintains professional interactions with students, staff, and parents</td>
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<td>Seeks/Accepts supervisory feedback appropriately</td>
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<td>Timely submission of written reports</td>
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<tr>
<td>Communicates effectively - Written</td>
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<tr>
<td>Communicates effectively - Oral</td>
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<td>Adheres to timelines</td>
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<td>Self-detects professional and personal limitations</td>
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Supervisee Signature: ___________________________  Supervisor Signature: ___________________________