

CHILD NAME _____

SCHOOL YEAR _____

LEA _____

SERVICES MANDATED _____

SUPERVISING Clinician _____ Credentials _____

I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student)

Meeting Date	Type of Contact	Treatment plan and services to be delivered	Issues Identified, if any, and actions to be taken	Date of next review session	Signature of supervising clinician	Date of Signature
	Face to face <input type="checkbox"/> Observation <input type="checkbox"/> Telephone call <input type="checkbox"/>				X _____	
	Face to face <input type="checkbox"/> Observation <input type="checkbox"/> Telephone call <input type="checkbox"/>				X _____	
	Face to face <input type="checkbox"/> Observation <input type="checkbox"/> Telephone call <input type="checkbox"/>				X _____	

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	Face to face <input type="checkbox"/> Observation <input type="checkbox"/> Telephone call <input type="checkbox"/>				X <hr/>	
	Face to face <input type="checkbox"/> Observation <input type="checkbox"/> Telephone call <input type="checkbox"/>				X <hr/>	
	Face to face <input type="checkbox"/> Observation <input type="checkbox"/> Telephone call <input type="checkbox"/>				X <hr/>	