SUPERVISION OBSERVATION FORM

Therapist _____ Date _____

This is session # _____ with this family. Supervisor _____

Family Situation		Therapeutic Plan for this Session

Joining Skills	0 1 2 3 4 5	_____
		_____
Tracking Skills	0 1 2 3 4 5	_____
		_____
Thorough Assessment (Problem/Goal/Attempted Solutions/ Alcohol/World View/Development Stages)	0 1 2 3 4 5	_____
		_____
Probing, Flexible Questions (Circularly/Neutrality/ Hypothesizing/Strategizing)	0 1 2 3 4 5	_____
		_____
Clarification, Confrontation	0 1 2 3 4 5	_____
		_____
Directing Transactions	0 1 2 3 4 5	_____
Examining Transitional Patterns	0 1 2 3 4 5	_____
		_____
Direct Interventions	0 1 2 3 4 5	_____
		_____
Indirect Interventions	0 1 2 3 4 5	_____

Comments _____

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Code:					
0 – Skill not required	1 – Skill required but not use	2 – Introductory skill level	3 – Competent skill level	4 – Very good skill level	5 – Creative, flexible use of skills