

---

---

**Supervision Information Form**

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Nickname/Name you want to be called: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Please enter complete e-mail address:

\_\_\_\_\_

Does anyone else have access to your e-mail address?     Yes     No

**Employment Information**

Agency     Private Practice     Current Student     Other

Name of Employer : \_\_\_\_\_

Address: \_\_\_\_\_

Name of School (If applicable): \_\_\_\_\_

Education - Highest Grade Completed \_\_\_\_\_

What do you hope to gain through supervision?

\_\_\_\_\_

\_\_\_\_\_

**Previous Supervision History**

Please check all that apply to reflect your previous experiences in clinical supervision.

**Individual supervision**

If yes, when/where, and with whom did you receive supervision?

\_\_\_\_\_

\_\_\_\_\_

**Group supervision**

---

---

**If yes, when/where, with whom did you receive supervision?**

---

---

**Coursework**

**If yes, when/where, and with whom have you completed coursework.**

---

---

**What are your biggest strengths?** \_\_\_\_\_

---

---

**What are your biggest challenges at present?**

---

---

**Have you ever been found in violation of a legal statute or ethical code? If so, please describe below:**

---

---

---

Interactions between counselor and supervisee are confidential. Unless I have permission from you, what we talk about will be private; I will not discuss it with anyone else.

There are four major exceptions to confidentiality that Colorado law requires all mental health professionals to report when there exists:

1. Incidence(s) of child or elder abuse or neglect.
2. Intent to commit suicide.
3. Threats to do harm to yourself or another person.
4. Court order

**Supervisee (signature)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Counselor (signature)** \_\_\_\_\_ **Date** \_\_\_\_\_