

Clinical Supervision Records Checklist

If you are providing or receiving clinical supervision, consider reviewing your clinical supervision record-keeping practices with this checklist. The items in the checklist come from [Professional Practice Standards](#) 4.1 and 4.2 on providing and receiving clinical supervision. It is expected that all supervisory relationships have a written, formal agreement in place which is signed and maintained in the records of all parties.

Clinical supervisors must meet CRPO's [definition of clinical supervisor](#).

How to use this checklist

Locate the documentation that relates to the supervision you are providing or receiving and have it open in front of you:

- If you are a clinical supervisor, locate the documentation that relates to the supervision of one to three of your supervisees.
- If you are a supervisee, locate the documentation that applies to the supervision that you receive.

Working through each item in the list, review your documentation to determine whether it aligns with the relevant standards. If you arrive at an item/indicator that seems to be missing from your documentation, it's possible the standard is not being met. In limited circumstances, an item/indicator may not apply.

Other tips

- Use the comments section to keep track of any insights, learning needs, and potential changes to your practices.
- Review at least three records to see if a pattern emerges.
- Take care to maintain confidentiality throughout your review process.

Record identifier: <i>(e.g. name, initials or reference number)</i>	Summary:
Date reviewed:	
Reviewer name or initials:	

Clinical Supervision Records Checklist		
Met?	Indicator	Comments
PART 1		
The supervisory agreement:		
Purpose and Nature of the Relationship		
	Optional: Relevant background information on clinical supervisor and supervisee (training, credentials, approach to practice, etc.)	
	Summarizes the plan, goals or intent of the supervision.	
	Describes the client population relevant to the supervision (e.g., individual, couple, family, group, child, adolescent).	
	Describes the modalities relevant to the clinical supervision (e.g., psychodynamic, CBT, systemic).	
	Outlines the responsibilities of clinical supervisor and supervisee(s). For example, both must maintain clinical supervision records; determining who is responsible for the client record; conditions for signing attestation forms to be submitted to CRPO, etc.	
	Clarifies who has ultimate responsibility for clients (e.g., is the supervisee treating their own clients, the supervisor's clients, clients of an agency or clinic?)	

	Clarifies the process or boundaries for emergency or off-schedule contact between supervisor and supervisee.	
Methods and Frequency of the Supervision		
	Identifies supervision ratio and/or format. Note: Use comments to indicate whether the supervisor to supervisee ratio is: <ul style="list-style-type: none"> • 1:1, 1:2 or other, e.g. group of 8 supervisees to 1 supervisor • Structured peer group supervision 	
	Identifies modalities of treatment to be supervised (psychodynamic, cognitive behavioural, systemic, etc.)	
	Identifies supervision methods of reviewing supervisee's clinical work (e.g., supervisee self-report, supervisor access to clinical records, review of video recordings, observation of sessions, etc.)	
	Identifies duration of supervisory sessions.	
	Identifies frequency of supervisory sessions.	
	Identifies the location and/or mode of the supervision (e.g. in-person, video call, telephone)	
	Describes the evaluation / formative feedback process.	
	Summarizes fees for supervision and arrangements for remuneration (if applicable)	

	Identifies process for renewing or terminating the agreement.	
Confidentiality		
	Describes the amount and type of client information shared between supervisor and supervisee(s).	
	If applicable, describes how client information will be confidentially transmitted between supervisor and supervisee.	
	Describes both parties' expectations regarding obtaining client informed consent to share information, and informing clients about clinical supervision.	
Conflict Resolution		
	Outlines a process for resolving conflicts or disputes.	
PART 2		
Records regarding clinical supervision include:		
	Name and contact information of the supervisor and/or supervisee(s).	
	Date(s) and duration of the supervision session(s).	
	Format (individual, dyadic or group) of the session(s).	
	Fees paid, if applicable.	

	Summary of issues discussed during the consultation/supervision sessions.	
	Summary of the supervisee's learning needs.	
	Summary of the learning plan to address identified gap(s), if applicable. Note: This applies if there are noted gaps in the supervisee's practice and/or competence.	
	Directions or feedback given to the supervisee.	
	Documentation of incidents or professional observations that would call into question the supervisee's ability to practise psychotherapy safely and professionally*.	
	Steps taken to address unsafe practice*, including where reports were made. For example, CRPO, education program, other regulatory bodies.	

**"Unsafe practice" does not refer to any mistake or error. It is an acceptable part of a supervisee's learning process to share and learn from mistakes. For guidance on "unsafe practice," see Standards 4.1: Providing Clinical Supervision and 1.3: Mandatory Reporting.*