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Supervision Process Form

Date: _____ Time: _____

1. What are your questions and goals for this supervision session?

2. Case Description for Discussion: (Presenting problem, client description, strengths, difficulties, history, family, others involved, issues of diversity/oppression)

3. Treatment Done: (History of attempted solutions, current goals, approaches, challenges, questions, dilemmas)

4. Counseling Issues: (self-reflections regarding what makes this case challenging, feelings elicited, any issues of class, gender, culture or identity)

Supervisee Signature: _____

Supervisor Signature: _____