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| **GENERAL INFORMATION AND INSTRUCTIONS** | | | | | | | | | | | |
| Initial Plan | | | Revised Plan (circle change)  Supervisor Employment Scope of Practice Type/ Amount of Supervision | | | | | | | | |
| Supervision Start Date: | | | Supervision End Date: | | | | | Average Number of Hours Worked Per Week: | | | |
| **Supervisee/ Licensee Information** | | | | | | | | | | | |
| License Number: | | | | | License Held: | | | | | | |
| Last Name: | | | | | First Name: | | | | | Middle Initial: | |
| Mailing Address: | | | | | | | | | | Daytime Phone: | |
| City: | | | | County: | | | State: | | | Zip Code: | |
| Agency/ Employer: | | | | | | | Position Title: | | | | |
| Agency Address: | | | | | | | Work Supervisor: | | | | |
| City: | | County: | | | | | State: | | | Zip Code: | |
| Highest Degree: | | Major: | | | | | Date Degree Conferred: | | | College or University: | |
| **Supervision Information** | | | | | | | | | | | |
| Last Name: | | | | | | First Name: | | | | | Middle Initial: |
| Mailing Address: | | | | | | Daytime Phone: | | | | | |
| City: | County: | | | | | State: | | | Zip Code: | | |
| License Number: | | | | | | Effective Date of License: | | | License Held: | | |
| Highest Degree: | | Major: | | | | Date Degree Conferred: | | | College or University: | | |
| Title at the Time of Supervision: | | | | | | Other Board Licensure: | | | | | |
| Statement of Scope of Practice (areas of competence as defined in professional disclosure statement): | | | | | | | | | | | |

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| **Supervision to be Provided by Supervisor** | | | |
| Number of hours per week: | In-person one-on-one supervision: \_\_\_\_\_ | | In-person group supervision\*: \_\_\_\_\_  Number of members in group \_\_\_\_\_ |
| Electronic supervision: \_\_\_\_\_ | |
| \*Note: In-person group supervision many not exceed more than \_\_\_\_\_\_\_\_ members | | | |
| **Do you affirm that the content of supervision will include:**  Yes No 1. Psychotherapy, assessment, and clinical diagnosis (must have 3000 hours, 900 can be category below)  Yes No 2. Client centered advocacy, consultation, evaluation (up to 900 hours or required 3000 hours)  Yes No 3. Practice methods  Yes No 4. Ensuring practice within the laws and rules set forth by the HRS 467e  Yes No 5. Authorized scope of practice  Yes No 6. Ensuring continuing competence  Yes No 7. Ethical standards of practice utilizing principles set forth by the NASW, Code of Ethics  Yes No 8. Cultural competence  Yes No 9. Development of professional social work knowledge, skills, and values | | | |
| **Duties, responsibilities, and rights of Supervisee:** | | **Duties, responsibilities, and rights of Supervisor:** | |
| **Content and structure of Supervision\*** (See documentation recommendations below) | | **Standards and process of evaluation** | |

**\*Recommendation of supervision documentation:**

* Dates and duration of each supervision session
* Outline of each session, including questions and concerns, progress towards learning goals, recommendations, and resources
* A follow-up plan with rationale
* Cancellations of sessions
* Both Supervisor and Supervisee to sign log entry at every session

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| **Parameters of confidentiality (client identification is not appropriate or recommended)** |
| **Specification of who is responsible for payment and terms of payment for supervision** |
| **Process for termination of supervision** |

This contract is subject to revision at any time upon request by either Supervisor or Supervisee. The Contract will be reviewed each six months for the approval of the Supervisor and Supervisee.

We agree to the best of our ability to uphold the guidelines specified in the supervision contract and to manage the supervisory relationship process according to the CSWMFT Laws and Rules and the NASW Code of Ethics.

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Supervisor Supervisee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

This contract is in effect from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_.