

Supervision Agreement

Parties:

Supervisor: _____

Supervisee: _____

Purpose:

This agreement outlines the expectations, roles, responsibilities, and processes to ensure effective, ethical, and supportive clinical supervision.

Frequency & Duration:

Supervision will occur _____ (e.g., weekly) for
_____ minutes per session.

Format:

- ☐ Individual
- ☐ Group
- ☐ In-Person
- ☐ Online

Confidentiality:

All client information discussed in supervision will remain confidential and protected according to state and federal regulations.

Expectations:

- *The supervisee agrees to come prepared with cases, questions, and reflections.*
- *The supervisor agrees to provide feedback, guidance, and resources to support growth.*
- *Both parties agree to engage honestly, respectfully, and to maintain professional boundaries.*

Feedback & Evaluation:

Regular feedback will be provided verbally and in writing upon request.

Formal evaluation will occur _____ (e.g., quarterly).

Documentation:

Both parties will keep brief records of session dates, key topics, and action steps.

Termination:

Either party may terminate this agreement with _____ days' written notice.

Signatures:

Supervisor: _____ Date: _____

Supervisee: _____ Date: _____