

### Supervision Contract Template

GENERAL INFORMATION AND INSTRUCTIONS				
<input type="radio"/> Initial Plan	<input type="radio"/> 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 (circle): LSW      Other _____		
Last Name:		First Name:		Middle Initial:
Mailing Address:			Daytime telephone:	
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:
Supervisor Information				
Last Name:		First Name:		Middle Initial:
Mailing Address:			Daytime telephone:	
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):				

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 may not exceed more than __ members.			
<b>Do you affirm that the content of supervision will include:</b>			
Yes	No	1. Clinical practice, if applicable	Yes No 5. Authorized scope of practice
Yes	No	2. Development of professional social work knowledge, skills, and values	Yes No 6. Ensuring continuing competence
Yes	No	3. Practice methods	Yes No 7. Ethical standards of practice utilizing principles set forward by NASW, Code of Ethics
Yes	No	4. Ensuring practice within the laws and rules set forth by The Ohio CSWMFT Board	Yes No 8. Cultural competence
			Yes No 9. Sign-off on supervision log at end of every supervisory session.
<b>Duties, responsibilities, and rights of Supervisee:</b>		<b>Duties, responsibilities, and rights of Supervisor:</b>	
<b>Content and structure of Supervision</b> (see documentation recommendations below)		<b>Standards and process of evaluation</b>	

**\*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

<b>Parameters of confidentiality (client identification is not appropriate or recommended)</b>
<b>Specification of who is responsible for payment and terms of payment for supervision</b>
<b>Process for termination of supervision</b>

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 both the Supervisor and the 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.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Supervisee

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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