



North Shore Mental Health Agency Supervision Contact Log

Employee:

Title:

Below, discuss the nature/type of the supervision contact (1:1, group, on-site observation, other). Be sure to address any case specific issues, barriers, concerns and interventions. Team members must have a minimum of 3 contacts per month with their team leader in which they discuss an individual client.

Contact Date (#1):	Client Name:	Contact Type:
Case Discussion	Issues:	
	----- Barriers:	
	----- Concerns:	
	----- Interventions:	

Contact Date (#2):	Client Name:	Contact Type:
Case Discussion	Issues:	
	----- Barriers:	
	----- Concerns:	
	----- Interventions:	

Contact Date (#3):	Client Name:	Contact Type:
Case Discussion	Issues:	
	----- Barriers:	
	----- Concerns:	
	----- Interventions:	

Team Leader Signature

Employee Signature