



SUPERVISION PROTOCOL

(to be completed by the supervisee during each supervision module)

Date: _____

Psychotherapist in supervision: _____

Supervisor: _____

Case ID: _____

Number of psychotherapy sessions up to the date of supervision: _____

Case summary:

ACCPI

Therapeutic interventions:

Questions of the supervisee:

Supervisor's responses:

Supervisor's questions:

Supervisee's responses:

ACCPI

Conclusions of the supervision session:

Impact of the supervision process:

ACCPI

Supervisee's signature _____

Supervisor's signature _____