

# *Parenting with Love and Limits®*

## Progress Notes for Supervision

\_\_\_\_\_ **PLL Group Therapy**

\_\_\_\_\_ **PLL Family Therapy**

Date of Supervision		SFI Supervisor:	
Date Form Completed:		Number of Sessions Completed This Sup. Yr.	

**Supervision Group #** \_\_\_\_\_

Names in Group	Present	Absent	Names in Group	Present	Absent
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____
Which Person Supervised in 1 <sup>st</sup> ½ hour?	Were you able to keep time allowed? Yes No (circle one) If No, why not?		Which Person Supervised in 2 <sup>nd</sup> ½ hour?	Were you able to keep time allowed? Yes No (circle one) If No, why not?	
Person Scheduled for Next Supervision Date:			Person Scheduled for Next Supervision Date:		

Briefly describe the one or two most helpful things you contributed during supervision:

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Briefly describe the biggest challenge you faced today in supervision and what you did or said in response:

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What skills or areas can I help you with the next time we meet (Dr. Sells and Supervisor):

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***FAX COMPLETED FORM TO (770) 573-1128 - ATTN: DR SCOTT SELLS***