

**LEWIS & CLARK  
GRADUATE SCHOOL OF EDUCATION AND COUNSELING  
DEPARTMENT OF COUNSELING PSYCHOLOGY  
ART THERAPY PROGRAM**

**Supervision Summary**

Student name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Note: Weekly 1:1 supervision is required to discuss cases, program expectations, documentation, assessments, treatment plans, and ethics as well as any problems which need to be addressed.

Student Goal/Agenda:

Weekly Clinical Summary:

Supervision Meeting Notes:

Plan:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date