

PRINTABLE SUPERVISION PREP TOOL

What to Bring to Supervision When You Do Not Know What to Bring

A practical worksheet for associates, interns, and clinicians who want supervision to feel more structured, useful, and clear.



Created for clinicians preparing for structured supervision with Chelsea at Compass Counseling.

Use this before supervision, after a hard case, or before a fit consult.

You do not need a perfect case presentation to benefit from supervision. Often, the most useful starting point is one clear question, one specific concern, or one place where your clinical judgment feels stuck.

Clarify the pressure

Name what feels clinically, ethically, emotionally, or professionally unclear.

Bring a better question

Turn vague stress into something supervision can actually help answer.

Leave with a next step

Track what you need to do, document, ask, practice, or revisit.

HOW TO USE IT

Start with one real supervision question. You can print only the pages you need, bring rough notes instead of a polished case summary, and use the final page to evaluate fit with a potential supervisor.

Start by naming what is actually hard.

If you are unsure what to bring, start with the pressure point. Good supervision can help you slow it down, sort it, and leave with a clearer next step.

QUICK CHECK-IN

1

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| ☐ I am second-guessing a clinical decision. | ☐ I am worried about risk or safety. |
| ☐ I am unsure how to document this clearly. | ☐ I feel pulled into a boundary or role issue. |
| ☐ I need help with case formulation or treatment direction. | ☐ I am carrying more urgency than may belong to me. |
| ☐ I am unclear what agency, legal, or ethical guidance applies. | ☐ I want feedback but do not want to feel shamed. |

WHAT FEELS MOST IMPORTANT TO BRING?

2

Write the clinical, ethical, documentation, risk, or professional concern in plain language.

HELPFUL SENTENCE STEM

"I am bringing this because I am unsure about _____, and I want help clarifying _____ before I move forward."



Turn vague stress into a supervision question.

Supervision is easier to use when the question is clear enough to discuss. You can start rough and refine it as you talk.

What happened, without client identifying details?

What am I worried about?

BEFORE I MOVE FORWARD

Use this space for anything that needs to be named, asked, documented, or brought back next time.



Name the decision point before you bring it to supervision.

You do not need a polished answer. The goal is to help your supervisor understand where support would be most useful.

What decision, next step, or clinical judgment feels unclear?

What kind of help do I need from supervision?

USE IF HELPFUL

Write the exact question you want to ask, or the words you want help finding in the session.



Bring enough context to make the question useful.

You do not need every detail. Focus on what helps the supervisor understand the clinical question and the decision point.

Client/system context, without identifying details

Main clinical theme, treatment question, or stuck point

KEEP IT FOCUSED

Include only the context needed to discuss the question safely and clearly.



Separate what happened from what you are considering next.

This helps supervision stay practical instead of turning into a full retelling of every case detail.

What I have already tried

What I am considering next

FOLLOW-UP NOTES

Use this space for missing context, consultation needs, or questions to revisit in the next supervision session.

Use supervision to slow down risk, documentation, and ethics.

These prompts are not a substitute for urgent consultation, policy, or legal advice. They are a way to organize what needs attention.

QUESTIONS TO CONSIDER

3

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| ☐ What risk factors need to be assessed, documented, or followed up on? | ☐ What protective factors or safety steps need to be named? |
| ☐ Is there a mandated reporting, duty-to-warn, or consultation question? | ☐ What belongs in the note, and what does not need to be over-explained? |
| ☐ Is there a boundary, scope, dual-role, or coordination issue? | ☐ Do I need agency policy, legal consultation, or immediate supervisor input? |

What needs to be documented, consulted on, or handled before the next session?

WHAT I WANT TO LEAVE SUPERVISION WITH

4

One clearer clinical next step

One thing to practice or bring back

Use the consult to assess fit, not to prove you are ready.

A supervision fit conversation should help you understand style, structure, expectations, and whether the relationship feels clinically useful.

QUESTIONS TO ASK A POTENTIAL SUPERVISOR

- 1 How do you structure supervision when a clinician is unsure what to bring?
- 2 How do you give direct feedback without shaming or overwhelming the supervisee?
- 3 How do you approach documentation, risk, mandated reporting, and ethical decision-making?
- 4 What expectations do you have between supervision sessions?
- 5 What would make this supervision relationship a poor fit?

GOOD SUPERVISION SHOULD HELP YOU LEAVE WITH

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|--|--|
| ☐ A clearer case question | ☐ A practical next step |
| ☐ Specific documentation direction | ☐ More grounded clinical judgment |
| ☐ Clearer ethical or consultation needs | ☐ Less shame and more structure |

This worksheet is educational and does not replace emergency support, agency policy, legal advice, urgent consultation, or required supervision. If there is immediate risk, safety concern, mandated reporting issue, or legal/ethical urgency, follow your agency procedures and seek appropriate immediate consultation.

Want supervision with more structure and less shame?

Request a supervision fit consult with Chelsea and talk through what kind of support would be most useful.

[Request a Fit Consult](#)