

St. Clair County Community Mental Health Authority  
**Clinical or Direct Service Personnel Supervision**

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

Name of Staff: \_\_\_\_\_  
(Please Print Name)

Name of Person Providing Supervision: \_\_\_\_\_

**Certification Requiring Supervision:**

- ☐ **QIDP** (Qualified Intellectual Disability Professional)
- ☐ **QMHP** (Qualified Mental Health Professional)
- ☐ **CMHP** (Child Mental Health Professional)

**Length of Supervision:**

- ☐ 15 Minutes      ☐ 30 Minutes
- ☐ 45 Minutes      ☐ 60 Minutes
- ☐ 120 Minutes      ☐ Other: \_\_\_\_\_

**Topics Covered:**

- ☐ Accuracy of assessment and referral skills (appropriateness of referral)
- ☐ The appropriateness of the treatment or service intervention selected relative to the specific needs of each person served (medical necessity).
- ☐ Treatment/service effectiveness as reflected by the person served meeting goals identified in the persons centered plan.
- ☐ Risk factors for suicide and other dangerous behaviors.
- ☐ Issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries.
- ☐ Cultural competency issues
- ☐ Model fidelity, when implementing evidence based practices
- Curriculum changes?      ☐ Yes      ☐ No
- ☐ Staff productivity
- ☐ Service utilization – Frequency, Scope, and Duration
- ☐ Integrated Care/Health Status
- ☐ Trauma

**Case(s) Reviewed:** \_\_\_\_\_ **Next Meeting:** \_\_\_\_\_

**Summary of Session:**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date