

**CONTACT INFORMATION**
*fields marked with an \* are optional*

Today's Date				Client Date of Birth	
Name	(First)	(Middle)	(Last)	(Preferred)	
Street Address					
City		State		Zip	
Home Phone				May we leave message?	Yes / No
Cell Phone				May we leave message?	Yes / No
				May we text you?	Yes / No
Work Phone				May we leave message?	Yes / No
Email				May we email you?	Yes / No
Preferred method of communication?					
Emergency Contact				Phone	Relation
*Race				*Religion / Spirituality	
*Gender				*Pronouns	
*Sexuality				*Learning / Physical Ability Challenges	
*Additional personal / cultural identifiers you would like me to know					
Who is your individual practitioner?					
If you have had previous supervision who was the supervisor?					

**SUPERVISION REQUIREMENTS FOR STUDENTS**

Core 3 = 14 groups sessions

Core 4=16 group sessions

**SUPERVISION DATES & TIMES**

The group will typically meet every other week but may have to meet consecutive weeks on occasion to ensure enough groups are held for students to meet their requirement. We will determine all dates at the first meeting. The length of time will depends on the number of students in the group. Minimum of 3 students required and maximum of 5 students per group.

5 participants = 2 hours

4 participants = 1.5 hours

3 participants = 1.25 hours

**COMMITTMENT:**

**If you arrive after the start of you're the group, you will still be expected to pay for the session in full.** 48-hour notification of not attending a group is required to avoid paying for the session. **By enrolling in the group, you are committing to attending a minimum of 10 scheduled sessions.** Sessions can be paid by PayPal at [d4phillips@aol.com](mailto:d4phillips@aol.com) (please select friends & family). If you would prefer to discuss other payment methods let me know. The cost per session is \$65.

**PHONE CALLS / EMAILS:**

There is no charge for phone calls or emails under 10 minutes as these calls are generally routine calls (i.e. appointments). Phone calls or emails over 10 minutes tend to involve client issues and a fee may be charged. The fee for these services is \$135 per hour for students (prorated per 15 minutes at \$33.75). Please note email is not confidential. Individual supervision sessions can also be scheduled at \$135 per hour.

Print Name			
Signature		Date	

**TELL ME ABOUT YOUR PRACTICE**

Currently seeing clients?	Yes or No
When did you begin seeing clients?	
Number of clients in your practice?	
How many clients do you see on average weekly?	
How many contact hours do you have with clients on average weekly?	
Please mark all client types you work with today.	Individuals    Couples    Families
Please list any specific populations or any areas of specialties that exist in your practice (ie. Addiction, Fertility, BIPOC, LGBTQ, musicians, dancers, etc.)	
Please list other licenses or certifications that you have that help to shape the work with your clients.	
Location where you will typically participate in supervision.	Home    Office    Other (specify)
Any limitations on noise or movement you have in the space where you will typically participate from	Yes    No If yes please explain on next line
Additional information you would like me to know.	