

University of Colorado Denver

*Counseling Program*

**Bi-Weekly Supervision Consultation Form**

(To be completed every-other week by the On-Site Supervisor.)

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Graduate Student:		On-Site Supervisor:	
Group Supervisor:		On-Site Supervisor's Address:	
Group Supervisor Email:		City/State/Zip:	
		On-Site Supervisor's Phone:	
Clinical Training Site:		On-Site Supervisor's Email:	

Bi-Weekly Number	Date	✓	Progress Report	On-Site Supervisor's Signature	Group Supervisor's Signature
1		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
2		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
3		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
4		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
5		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
6		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
7		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
8		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		