RECORDING REVIEW FORM

Your initials: ______________________________

Supervisor: ______________________________

Tape #: 1  2  3  Client Initials: _______

Date of counseling session:___________ Counseling session # with this client: __

Adobe Connect recording link:____________________________________

**Brief client background information** (demographics, presenting concern, client’s history of counseling, complicating factors, your general impressions of client, client’s strengths/level of functioning, preliminary diagnosis):

**Brief summary of the session** (theoretical approach, techniques used, focus in this session):

**Conceptualization** (your interpretation of what is happening with the client):
What you feel went well in this session, and why:

What you would have done differently, and why:

Issues you would like to discuss in supervision (it is important to complete this section thoughtfully):