TAPE REVIEW FORMAT
CNS 738

Your initials: ________________________________

Supervisor: ________________________________

Tape #: 1 2 3Client 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):