**Supervision feedback form example**  
This form is designed to help you and supervisor to get the most from your clinical supervision.

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| **Frequency of supervision sessions:** | | |
| **Is the time for your supervision sessions protected?** | YES | NO |
| **Do you have an agreed documented supervision contract with your supervisor?** | YES | NO |
| **Are your supervision expectations being met?** | YES | NO |
| **In what way are/aren’t these expectations being met?**  page19image341862784 | | |
| **What have you gained from your clinical supervision sessions?** | | |
| **Has clinical supervision resulted in any change in practice for you?** | | |
| **How could the sessions have been more useful?** | | |
| **Do you have any additional comments about your supervision?** | | |