THE Theraplay® INSTITUTE
*Building Better Relationships*

# Group Session Supervision Form

Please include this form with each session, including midterm and final

Name:_____ Date_____
Supervisor:_____
Identifying Group Information:_____
Group Session #_____
Supervision Session #_____

**At the beginning of each case, please send the following materials in addition to the materials required for on-going sessions:**

_____Background information & brief description of the group's - children's names removed for confidentiality

_____Video Recording

_____Consent form signed by the parent(s) giving permission to videotape and share the video and information about the children with the supervisor (DO NOT send to TTI)

## A. Specific goals for this session

| List of activities planned: | As actually happened in the session: |
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**B. Group's response to the activities:**

**C. Purpose for the deviations from the plan:**

**D. Post-session Reflections about future group plans:**

**E. Treatment Planning:**

Based on your analysis of the Assessment of Progress in Theraplay (During Group) identify the treatment goals by dimensions, which will be the primary focus of treatment.

| | |
|---|---|
| **Structure** | |
| **Engagement** | |
| **Nurture** | |
| **Challenge** | |

**Treatment Planning Summary**

Write a summary of the Assessment of group's progress in Theraplay. Highlight Strengths, Areas of Development and any Additional Comments/Concerns

**F. Questions for Supervisor**