SESSION BRIDGING FORM

Supervisee: _____________________________ Date: _____________________________

Part A (To be completed shortly after supervision session)

1. What stands out to you about our last supervision? Thoughts, feelings, insights?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. On a 10 point scale, how would you rate the following items: (a to d)

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Much</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

   a) Helpfulness/effectiveness of supervisor: ________
      • What was helpful?
        _________________________________________________________________________
        _________________________________________________________________________
      • What was not helpful?
        _________________________________________________________________________
        _________________________________________________________________________

   b) How connected you felt to your supervisor: ________
   c) How engaged/involved you felt with the topics being discussed: ________
   d) How present you were in the supervision: ________

3. What would have made the supervision more helpful or a better experience?
   __________________________________________________________________________
   __________________________________________________________________________

4. What issues came up for you in the supervision that are similar to your daily life problems?
   __________________________________________________________________________

5. What risks did you take in supervision?
   __________________________________________________________________________

Part B (to be completed just prior to the next supervision session)
1. What were the high and low points of your clinical work this week? ____________________________________________________________
   ____________________________________________________________

2. What items, issues, challenges or positive changes do you want to put on the agenda for our next supervision? ____________________________________________________________
   ____________________________________________________________

3. How open were you in answering the above questions? (0 to 100%) __________

4. Anything else you’d like to add? ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________