**RECORDING REVIEW FORM**

Your Initials:

Supervisor:

Tape #: 1 2 3

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

**Brief client background information** (demographics):

**Subjective Observations** (presenting problem from client’s point of view; information given by the client or responsible individual):

**Objective Observations** (counselor’s observations of client during session – both verbal and nonverbal):

**Assessment/Conceptualization** (any formal or informal assessments used; counselor’s view of client beyond what client says or does; continual evaluation of client and identification of themes)

**Plan** (preparation, practice and supervision plans; prognosis):

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: