Antonia Noble Ludwig Psy.D. MFT

5655 Lindero Canyon Rd #225, Westlake Village CA 91362 805 231 8162 www.westlakepsychotherapy.com

Supervision Group Information

2. What did you like about your past supervision?

Please fill in the information below and bring it with you to your first session. Please note: information provided on this form is protected as confidential information.

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Name:	Date:	
Address:		
Home Phone:	Cell Phone:	
Email:		
*Please note: Email correspondence is not considered to be a confidential medium 1. What supervision have you been in before?	or communication.	

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3. What did you not like about your past supervision?
4. When did you graduate from graduate school?
5. Are you licensed? If so when? If not, how many hours do you have accumulated? Who is your personal supervisor?
6. What do you feel you do well with clients?

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7. What do you think you need help with?		
8. Do you have any expectations from group supervi	sion?	
My expectations;		
You arrive to group on time and you attend the grou a group safe. I realize there will be emergencies, vaca		
Because you have a spot in the group I ask that you pulless you are on vacation or we have a different agr	•	ssion whether you are in the group or not.
I expect you to be kind and honest in the group.		
I expect you to tell me if you are angry, unhappy or he clinicians is to help our clients have functional, support a place to learn how to do just that.		g I say or do in the group. A big part of our work as est relationships. My hope is that supervision will be
. ,	ial setting out	mation confidential. I expect that you don't talk about side of personal supervision, group supervision or peer e/food etc.
If anyone in public over hears you talking about a car	se it makes pe	ect that you make sure you are in a place that is private. ople who might want to go to therapy or are in therapy nfidentiality is an issue that can affect others in a way
I agree with all the terms in this form,		
Signature		Date