



Clinical Supervisor Record Form

(This form is optional. Supervisors may already be using their own form for recording purposes).

This form is to be completed by Clinical Supervisors as a record of supervised clinic completed.

Supervisor Name: _____ RTO/Workshop: _____

Please note: These hours are strictly for kinesiology balances performed on members of the general public and not student to student practice.

Please ensure that the following items are discussed for all supervised sessions:

1. Evaluation and review of the kinesiology balance (from the student/practitioner)
2. What modalities were used, e.g. Touch For Health, Brain Gym, LEAP
3. What went well?
4. What could be improved?
5. What difficulties were faced?
6. Did the client feel/notice a difference? (using the scale 0-10 before and after the balance)
7. Any other feedback from the client?
8. Questions from Student/Practitioner
9. Evaluation of Student's/Practitioner's ability in the modalities used

Supervisor Responsibilities

1. The Supervisor's records of the supervised session must match the Student/Practitioner's records.
2. *The Supervisor must ensure that they keep a separate record of the information discussed in the mentoring session for auditing purposes, outlining the questions above and their outcomes/answers.*
3. The Supervisor must ensure that they cover **all** the questions listed above (minimum) in a supervised session along with any other requirements outlined in the current training package.

Student/Practitioner Responsibilities

1. Your records of your supervised session (on the attached spreadsheet) must match your Clinical Supervisor's records on their form.
2. You can only record supervised sessions where you have worked on a member of the general public.
3. As per the Supervised Clinic and Mentoring Guidelines, the student/practitioner is required to conduct kinesiology sessions for a minimum of 40 clients, 10 of whom must be seen for a minimum of three (3) sessions. These clients must include both males and females of varying ages with various presentations.
4. *It is the responsibility of the student/practitioner to keep records of the mentoring discussions for auditing purposes, outlining the questions above and their outcomes/answers.*

NOTE: AS A CLINICAL SUPERVISOR, YOU AUTOMATICALLY QUALIFY FOR CLINICAL MENTOR

Supervisor Name: _____

Supervisor Signature: _____

Date (of Supervised session)	Student/ Practitioner Name	Student/ Practitioner Signature	Kinesiology Balance Details Date, Client ID*, Modalities used <i>*For confidentiality reasons, please use a code to identify your client</i>	How was Supervision performed e.g. Student Clinic, Practitioner's Clinic.	# Hours Supervised (Time taken to perform balance)	Record of Supervised session (kept for audit purposes)
1/10/15	Chris Fields	<i>C Fields</i>	1/10/15, M. Stanley, Footscray	Student clinic	1 hour	Yes
1/10/15	Brian Shaw	<i>B Shaw</i>	1/10/15, K. Lester, Footscray	Student clinic	1 hour	Yes
6/10/15	Roger Low	R Low	6/10/15, A. Chen, Springfield	Practitioner Clinic	1 hour	Yes

Mentor Name: _____

Mentor Signature: _____

Qualification: _____

Date (of Mentoring session)	Student/ Practitioner Name	Student/ Practitioner Signature	Kinesiology Balance Details Date, Client ID*, Modalities used <small>*For confidentiality reasons, please use a code to identify your client</small>	How was Supervision performed e.g. Student Clinic, Practitioner's Clinic.	# Hours Supervised (Time taken to perform balance)	Record of mentoring session (kept for audit purposes)

Total Hours Mentoring Provided

Please print off extra forms as required

