

SOCIAL WORK DEVELOPMENT CENTER, LLC.

JERLINE BALTIMORE, LCSW-QS

EMAIL: INFO@SWDEVELOPMENTCENTER.COM

SUPERVISEE INTAKE FORM FOR CLINICAL AND CONSULTING SUPERVISION

Supervisee Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you already a registered intern? YES NO
If yes, provide registration number: _____

Do you receive supervision from another professional? YES NO

If yes, describe the functioning of that relationship to the one you propose to have with me:

How frequently do you wish to have scheduled supervision appointments?

What are your goals for supervision with me at this time?

What areas in your skills as a social worker or psychotherapist you would like to improve?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

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Date: _____

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Form Revised: 05/2020

SOCIAL WORK DEVELOPMENT CENTER, LLC.

DISCLOSURE STATEMENT FOR CLINICAL AND CONSULTING SUPERVISION

Thank you for considering me as your clinical supervisor. This professional disclosure statement is designed to acquaint you with my qualifications as a supervisor, to provide an overview of the supervision process, and to inform you of a number of administrative details.

I hold a master's degree in clinical social work from Florida International University (2013). My professional experience is available at: <http://www.linkedin.com/in/jerlinebaltimore/>. I am licensed in Florida as a Licensed Clinical Social Worker (No. SW15185).

I am certified as an approved clinical supervisor by the Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling, and am on the Florida supervisory registry.

The supervision portion of my practice includes individuals, groups, and the training of clinical supervisors. I work with mental health professionals who treat adolescents and adults, and have received training in gestalt therapy, gestalt family therapy, bioenergetic analysis, ego psychology, short-term psychotherapy, cognitive-behavioral therapy, psychodynamic psychotherapy and transpersonal psychotherapy.

Clinical supervision is a process whereby one person is designated to facilitate the professional development and therapeutic competence of another person or persons. I have chosen to conduct my supervision using a model that employs three roles: teacher, psychotherapist, and consultant. Most often I use the teacher and consultant roles. The psychotherapist role is used at those times when the supervisee's thoughts or feelings or behaviors are stimulated by the client and interfere with the efficacious treatment effort. Any comments, however, will be limited to specific case-related issues as ethically I cannot provide therapy for you as part of our effort.

I will provide you with the best supervision I can muster. Our relationship will be professional in nature and built upon mutual respect and trust. My supervision will be consistent with the ethical standards set forth by the National Association of Social Workers and the Florida Board of Mental Health. Although the focus of supervision will be on you and your professional development as a psychotherapist, the primary concern will be client care. I am unable to guarantee any specific results regarding your learning goals, but agree to work with you to achieve the best possible results.

As a supervisee, you are in control of the relationship and may end the supervision at any time, and I will be supportive of your decision.

If you are submitting these hours of clinical supervision for your professional license, you are responsible to keep track of the number of hours, how many you need of individual or group..

You may request that I provide information to others, and I will do so after you have signed a release statement.

Fees: My fee is a sliding scale from \$50 to \$120 per individual supervision hour and \$40 per group supervision hour. The fee is due at the beginning of each session. Cash, checks, credit cards are acceptable for payment. I will provide you with a receipt for all fees paid at the end of each month. Please retain these with your records.

Cancellations: If cancelling an appointment, you are agreeing to reschedule in that same week or to still be charged the fee. No charge for being sick/out of town an entire week.

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Frequency: Meetings are held on a weekly basis, one a week, until you inform me you wish to end the contracted meeting events.

Contact Information: My meeting hours are Monday thru Friday, 9am to 6pm. Supervision group happens from 11am to 1pm every other Saturday. Appointments on other days may not be readily available. If you need to reach me please email info@swdevelopmentcenter.com.

Important Limitations of Confidentiality: All information you share with me about your clients or yourself, including any records I may keep, will be kept confidential and will not be shared with others without your written permission. There are several important exceptions that pertain to the release of confidential information. We are both required to break confidentiality under the following circumstances:

- Any threats to harm self or others
- Reasonable suspicion of the abuse of a child, elder, or an incapacitated person
- When ordered by the court or national security agency
- In defense against a legal action or formal complaint made before a court or regulatory board
- When you sign a request that I provide information to others

Please sign and date this form indicating that you understand and accept the policies cited in the above disclosure statement.

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Print Name | Signature | Date |