

St. Clair County Community Mental Health Authority

Program Supervisory Plan Outline

Program Name: _____ Program Supervisor: _____

Staff Designated to Provide Supervision: _____
(If not Program Supervisor)

Program Staff			
Staff	Professional Discipline	Frequency of Supervision	Suggested Supervision Modality

cc:

Administrative Contract Manager
Contract/Program File

This image shows a blank sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the left side, there is a vertical margin line, creating a narrow left margin. The paper appears to be a standard notebook or ledger page.

Program Director's Signature: _____ Date _____

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