

**Supervision Feedback for \_\_\_\_\_**

**Date:** \_\_\_\_\_

**Use of CBT Interventions (positive and negative):**

**Thoughts about the Client:**

**Direction for Therapy:**

**Therapist Rating**

1. Amount of CBT used in the video clip shown: (very little) 1 2 3 4 5 (a lot)
  2. Quality of CBT techniques shown in the video: (very poor) 1 2 3 4 5 (excellent)
- Total of 1 + 2: \_\_\_\_\_

**Name of Person Providing the Feedback:** \_\_\_\_\_