**DIPLOMA IN TRAUMA AND MENTAL HEALTH IN SCHOOLS (Practitioner status )**

# REFLECTIVE SUPERVISION LOG

**Date:**

All TISUK Practitioners are required to undertake termly supervision of their work with a TISUK approved and experienced supervisor. This is required in order for them to keep their accredited Practitioner status with TISUK.

To enable us to monitor this please complete and return the form below. The practitioner will then send in the form to TISUK annually.

With thanks for your co-operation.

Practitioner’s Name:

Supervisor's name: (Please print)

Please state dates and times the practitioner has attended supervision and for how long

Individual or group supervision:

Signed by practitioner………………………………………………………..

Date……………………………………………………………………………

Please submit the completed form to -

[supervision@traumainformedschools.co.uk](mailto:supervision@traumainformedschools.co.uk)