



### Intern – Notification of Supervision

The purpose of this document is to inform you in writing that \_\_\_\_\_,  
your assigned therapist, is a doctoral intern at Student Health and Counseling. This means  
that your therapist has not yet completed requirements for his/her doctoral degree, is in  
training to be a psychologist at \_\_\_\_\_, and will be receiving weekly clinical  
supervision in which s/he will be discussing your treatment. Please feel free to contact the  
supervisor should you have any questions or concerns that cannot be addressed by your  
assigned, primary therapist.

\_\_\_\_\_  
Supervisor name and degree

\_\_\_\_\_  
license number

(760) 750-4915  
phone

\_\_\_\_\_  
Client's Name (print)

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date