



**Greta Pankratz, MSW, LCSW**  
(LCS #25687)

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Supervision Face Sheet

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Alt.: \_\_\_\_\_

Rate: \_\_\_\_\_ Agreed Payment Schedule and Method: \_\_\_\_\_

ASW/MFT/LPC (circle)

If MFT, using OPTION 1 or OPTION 2 (circle)?

Check once the forms are signed and both parties have copies.

\_\_\_\_ Supervision Contract

\_\_\_\_ BBS Letter of Agreement

\_\_\_\_ BBS Supervisory Plan

\_\_\_\_ BBS Log

\_\_\_\_ BBS Responsibility Statement

\_\_\_\_ BBS Experience Verification (for last day of supervision)

\_\_\_\_ Supervisee Evaluation

Office Policies Agreement:

- I give a lower rate for clinical supervision than other services because the scheduling of it is generally more consistent requiring less office support time. If you cancel or reschedule often (monthly), I will be bringing this up with you and need to negotiate a higher rate.
- No-shows, being more than 10 minutes late or cancelling with less than 24 hours' notice results in a \$50 fee.

Sign below if you understand and agree to the fees and policies written in this document.

\_\_\_\_\_

Signature of ASW/MFT/LPC

\_\_\_\_\_

Date