



### Process Recording Template for Groups

**Group Worker/Intern/Springfield College Student:**

**Name of Group:**

**Date of Group:**

**Date of Process Recording:**

Process Recordings should be reviewed and discussed by the student and field supervisor in individual supervision. *Written feedback must be provided by the field supervisor at minimum on two of the six process recordings per term.* Otherwise, the supervisor may sign in the feedback column indicating that the process recording has been reviewed and discussed. *Do not put any identifying client/patient information in this document.*

**\*Add additional pages as needed.\***

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### Group Context

**Group Description:**

**Group Purpose and Goals:**

**Time limited:**

**Session number:**

**Group members present** (number of individuals present, using initials or pseudonyms only for confidentiality). Describe or draw seating arrangement if group is not online.

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**S.O.D.A. RECORDING**

**(Summary – Observations – Developmental Stage – Assessment of Practice)**

**Summary of group content**

**Observations of Group Process:**

**Norms:**

**Roles:**

**Communication patterns:**

**Group cohesion/attraction/mutual aid:**

**Developmental Stage:**

**Assessment of Practice**

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**Field Supervisor's Feedback:**

