

Supervision Log

NAME _____

TIME PERIOD: ___/___/___ to ___/___/___

Week Start Dates	Direct Services					Indirect Services		
	1-to-1 Counseling	Group Counseling	Couples & Family Cslng	Indiv. Supervision	Supervisor Signature	Consultation	Other Work Activities	Weekly Total
4-Jan								
11-Jan								
18-Jan								
25-Jan								
1-Feb								
8-Feb								
15-Feb								
22-Feb								
1-Mar								
8-Mar								
15-Mar								
22-Mar								
29-Mar								
5-Apr								
12-Apr								
19-Apr								
26-Apr								
3-May								
10-May								
17-May								
24-May								
31-May								
7-Jun								
14-Jun								
21-Jun								
28-Jun								

Total Direct Services:

Supervisor Signature: _____