

Supervision Reporting Log

Face to Face (individual, family, couple, and group counseling) and Other Services

Supervisee: _____

Supervisor: _____

Site of Clinical Hours: _____

Direct Clinical Hours include: Face to Face With Client (individual, family, couple, and group counseling)

Report in Hours e.g. 1, 2, 3.75, etc.

WEEK (MM/DD-DD/YY)	Face to Face Counseling				Other Services	Supervision		Total hours <small>(of supervised clinical practice – not more than 40/week)</small>
	Individual	Couples/ Family	Group	Testing/ Assess		Individual Supervision Hours <small>(with Supervisor)</small>	Group Supervision Hours <small>(with Supervisor)</small>	
Total Hours								

Supervisee's Signature _____

Date: _____

Supervisor's Signature _____