

Clinical hours/Supervision Log

(Please note: logs should be kept in real time and contemporaneous with supervision. Do not wait until you have completed all your supervision hours to fill these in! In the space below, please document the nature of your clinical practice hours and supervision hours for the time logged. The rules require approximately 1 supervision hour to 30 clinical hours. Please note the clinical hours worked do not need to total exactly 30 each week. Some weeks may be more, some less. This is normal.)

Subject of Supervision Sessions(Please circle): Theory / Technique / Termination / Diagnosis and Assessment / Self Analysis / Laws and Regulations / Individual Counseling Skills / Group Counseling Skills / Confidentiality / Ethics / Boundaries

____ Individual Supervision ____ Group Supervision Total Supervision hours this session:
 Time In: _____ Time Out: _____ Work date from: ____/____/____ Work date to: ____/____/____

Supervision content: _____

	Clinical hours	Non- clinical hours	Total work hours
Clinical hours content: _____			

Subject of Supervision Sessions(Please circle): Theory / Technique / Termination / Diagnosis and Assessment / Self Analysis / Laws and Regulations / Individual Counseling Skills / Group Counseling Skills / Confidentiality / Ethics / Boundaries

____ Individual Supervision ____ Group Supervision Work date from: ____/____/____ Work date to: ____/____/____
 Time In: _____ Time Out: _____ Total Supervision hours this session: _____

Supervision content: _____

	Clinical hours	Non- clinical hours	Total work hours
Clinical hours content: _____			

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____ Individual Supervision ____ Group Supervision Work date from: ____/____/____ Work date to: ____/____/____
 Time In: _____ Time Out: _____ Total Supervision hours this session: _____

Supervision content: _____

	Clinical hours	Non- clinical hours	Total work hours
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____ Individual Supervision ____ Group Supervision Work date from: ____/____/____ Work date to: ____/____/____
 Time In: _____ Time Out: _____ Total Supervision hours this session: _____

Supervision content: _____

	Clinical hours	Non- clinical hours	Total work hours
Clinical hours content: _____			

Total Supervision Hours: Individual _____ Group _____
 Cumulative Supervision Hrs: Individual _____ Group _____

Total this page			
Cumulative total			

 (Supervisor Signature) (Date) (Print Name) (LCSW# or LAPSW #)

 (Supervisee Signature) (Date) (Print Name) (LMSW#)