Supervision Log

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

Individual Supervision hours _____ Group Supervision hours _____
Date from: ____/____/____ Date to: ____/____/____

Supervision content: _____

Clinical hours content :

	Clinical hours	Non-clinical hours	Total work hours

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Supervision content: _____

Clinical hours content :

	Clinical hours	Non-clinical hours	Total work hours
Total this page			
Cumulative total			

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

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

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

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