Clinical hours/Supervision Log

(In the space below, please document the nature of your clinical practice hours and supervision hours for the time logged. 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 Date from: ____/____/____ Date to: ____/____/____
Time In: _____ Time Out: _____ Total Supervision hours this session: _____

Supervision content: _____

Clinical hours content: _____

	Clinical hours	Non-clinical hours	Total work hours

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 Date from: ____/____/____ Date to: ____/____/____
Time In: _____ Time Out: _____ Total Supervision hours this session: _____

Supervision content: _____

Clinical hours content: _____

	Clinical hours	Non-clinical hours	Total work hours

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 Date from: ____/____/____ Date to: ____/____/____
Time In: _____ Time Out: _____ Total Supervision hours this session: _____

Supervision content: _____

Clinical hours content: _____

	Clinical hours	Non-clinical hours	Total work hours

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#)

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