Licensure Supervision – Weekly Log

CIT/PLPCs Name: _____

Supervisor's Name: _____

Site/Location: _____

Summary of Supervised Experience Time for the Week of _____

		Sun	Mon	Tues	Wed	Thur	Fri	Sat	
	Date								**Total**
Total Counseling Hours ***(includes direct client contact)*** _____ **Direct Client Contact Hours** _____	Individual								
	Group								
	Family/Couple								
	Career								
	Consultation								
	Psycho-Ed.								
	Testing								
	School								
Total Supervision Hours _____	Research								
	Other								
Total									

	Yes	No	Explain
Was supervision 1 hour face to face?			
Did supervision use electronic means?			
Was Group supervision used? Number Present?			
Were all counseling services and hours consistent with supervision agreement?			
Any changes in supervision agreement?			

Notes: _____

CIT/PLPC Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

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