

BHSD CLINICAL SUPERVISION LOG

AGENCY NAME: _____

CLINICAL SUPERVISOR: _____ **CREDENTIALS:** _____

Model of Supervision Used (Reflective, Developmental, Competency-based, etc.): _____

Method of Supervision most frequently used (Live, Audio/video tapes, Role play, Documentation review, Process recordings, etc.): _____

NUMBER OF SUPERVISEES: _____

Supervisee's Name:				Supervisee's Credentials/Role (i.e. MFTI, LMFT, PSW, LCSW, HV, Reh. Counselor, etc.):			
DATES							
1 hr Individual Supervision				2 hrs Group Supervision			
Supervisee's Name:				Supervisee's Credentials/Role (i.e. MFTI, LMFT, PSW, LCSW, HV, Reh. Counselor, etc.):			
DATES							
1 hr Individual Supervision				2 hrs Group Supervision			
Supervisee's Name:				Supervisee's Credentials/Role (i.e. MFTI, LMFT, PSW, LCSW, HV, CM, Reh. Counselor, etc.):			
DATES							
1 hr Individual Supervision				2 hrs Group Supervision			
Supervisee's Name:				Supervisee's Credentials/Role (i.e. MFTI, LMFT, PSW, LCSW, HV, Reh. Counselor, etc.):			
DATES							
1 hr Individual Supervision				2 hrs Group Supervision			