BHSD CLINICAL SUPERVISION LOG

AGENCY NAME: XYZ_____

CLINICAL SUPERVISOR: John Doe _____**CREDENTIALS: LCSW**_____

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.): Live, video, role play, documentation review _____

NUMBER OF SUPERVISEES: __8_____

Supervisee's Name: Jane Doe I				Supervisee's Credentials/Role (i.e. MFTI, LMFT, PSW, LCSW, HV, Reh. Counselor, etc.): MFTI			
DATES							
1 hr Individual Supervision				2 hrs Group Supervision			
4/6/15	4/13/15	4/20/15	4/27/15	4/8/15		4/21/15	
Supervisee's Name: Jane Doe II				**Supervisee's Credentials/Role (i.e. MFTI, LMFT, PSW, LCSW, HV, Reh. Counselor, etc.): PSW**			
DATES							
1 hr Individual Supervision				2 hrs Group Supervision			
4/6/15	4/13/15	4/20/15	4/27/15	4/8/15		4/21/15	
Supervisee's Name: Jane Doe III				**Supervisee's Credentials/Role (i.e. MFTI, LMFT, PSW, LCSW, HV, CM, Reh. Counselor, etc.): Rehab Counselor**			
DATES							
1 hr Individual Supervision				2 hrs Group Supervision			
4/6/15		4/20/15			4/13/15		4/27/15
Supervisee's Name: Jane Doe IV				**Supervisee's Credentials/Role (i.e. MFTI, LMFT, PSW, LCSW, HV, Reh. Counselor, etc.): MFT**			
DATES							
1 hr Individual Supervision				2 hrs Group Supervision			
4/6/15				4/21/15			

SAMPLE