SOCIAL WORK EDUCATIONAL SUPERVISION LOG

SUPERVISEE _____

SUPERVISOR _____

Date of Supervision	Individual Supervision Hours	Group Supervision Hours	Total Work Hours	Total Clinical Hours

Date of Supervision	Individual Supervision Hours	Group Supervision Hours	Total Work Hours	Total Clinical Hours

(This form must accompany each set of supervision evaluation forms (i.e. 6 mo/12 mo/24 mo/Partial)

Total number of **Individual Educational (face-to-face) Supervision** hours this evaluation: _____

Total number of **Group Educational Supervision** hours this evaluation: _____

Total Hours of **Practice/Work Under Supervision** this evaluation: _____

Total Hours of **Direct Clinical Hours** this evaluation: _____

☐ **6 months** ☐ **12 months** ☐ **24 months**

☐ **PARTIAL SUPERVISION: FROM** _____ **TO** _____

Signature of Supervisee Date Signature of Supervisor Date

OKLAHOMA STATE BOARD OF LICENSED SOCIAL WORKERS

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