LBP RECORD OF SUPERVISED EXPERIENCE

Candidate's Name (please print):_____

Approved Supervisor's Name (please print): _____

Date Supervision Agreement was approved by the Department:_____

WORK WEEK BEGINNING DATE	DATE(S) MET WITH YOUR SUPERVISOR	TOTAL # OF FACE-TO-FACE SUPERVISION HOURS		TOTAL # OF DIRECT CLIENT CONTACT HOURS	TOTAL # OF SUPERVISED EXPERIENCE HOURS
		GRP	IND		
	TOTAL	0	0	0	0

CANDIDATE'S SIGNATURE: _____**Date:**_____

SUPERVISOR'S SIGNATURE: _____**Date:**_____