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

For the Individual Supervision Hours, Group Supervision Hours, Total Work Hours and Total Clinical Hours, only enter the hours worked for the time period in between supervision meeting. DO NOT offer an accumulated total from week to week. For example, if you are working a 40 hour work week, and meeting with your supervisor weekly, we should see in the total work hours only the number 40, not 40, 80, 120, 160, etc. Call the Board Office in advance if you have any questions about entering the correct information.