

**Supervision Log**

Supervisee's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Site/Location: \_\_\_\_\_

For the week of: \_\_\_\_\_ Supervision Date: \_\_\_\_\_

Total Play Therapy/Counseling Hours: \_\_\_\_\_ Direct Client Contact Hours: \_\_\_\_\_

Supervision Hour and Type: \_\_\_\_\_ Total Supervision Hours: \_\_\_\_\_

\_\_\_ Case Review---Client: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Case Review---Client: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Interventions/Skills Competence

\_\_\_ Diversity

\_\_\_ Assessment of Clients

\_\_\_ Theory

\_\_\_ Interpersonal Assessment-Use of Self

\_\_\_ Treatment Plans/Goals

\_\_\_ Case Conceptualization

\_\_\_ Professional Ethics

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Effective Date: 08/01/23