SUPERVISION LOG

Supervisee's Name & License #: _____ Supervisor's Name & License #: _____

Place of Employment: _____

Quarter/Semester (Circle): Q1 Q2 Q3 Q4 or S1 S2 Qtr/Sem Start Date: _____ Qtr/Sem End Date: _____

Date of Supervision	Activity Observed	Comments/Notes	Patient/ Student's Initials	Time Observed	Direct or Indirect

Total Direct Hours Observed during this Qtr/Sem: _____ Total Indirect Hours Observed during this Qtr/Sem: _____

Note: This form is not required, but is a helpful tool to track supervision.