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 accompa	ny each se	t of supervisi	on evaluation form	s (i.e. 6 mo/12	mo/24 mo/Part	ial)	
	mber of Indiv	-	-					,	

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:

	Evaluation 1	Eval	uation 2	Evaluation 3	
	PARTIAL SUPERVISION:	FROM_	T()	
Signature of Supervisee	C	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.