SAMPLE SUPERVISION LOG					
Therapist's Name:			Month and year:		
Supervision Received					
Indicate the faculty supervisor's initials, the date, the number of hours (quarter-hours), "I" if it was an Individual supervision or "G" if it was Group Supervision, and "L" if it was Live Supervision or "C" if it was Case consultation. If audio or video tapes were reviewed, record the amount of supervision time spent on each (e.g5 hours V, 1.25 hours A, etc.)					
Initials of Faculty Supervisor	Date (mo./day/yr.)	Hours	Ind/ Group	Live/ Case	Audio/Video Time
			1	l	l