SAMPLE LIVE SUPERVISION LOG

Therapist's Name _____ Month and Year _____

Supervision Received

Indicate the faculty supervisor's initials, the date, and 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.g. .5 hours V, 1.25 hours A, etc.)

Initials of Supervisor	Date (mm/dd/yy)	Hours	Individual/ Group	Live/Case	Audio/Video Time