***Monthly Group Supervision Log***

Please check only **one** Course and **one** Program

|  |  |
| --- | --- |
| Practicum | Mental Health Counseling - Clinical |
| Internship I | Mental Health Counseling - Rehabilitation |
| Internship II | School Counseling |
|  | PhD RCRCE |

|  |  |
| --- | --- |
| **Student’s Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **Description of Activity** | **Indirect** **Hours** |
| Click here to enter a date. | Group Supervision |  | 1.5 |
| Click here to enter a date. | Group Supervision |  | 1.5 |
| Click here to enter a date. | Group Supervision |  | 1.5 |
| Click here to enter a date. | Group Supervision |  | 1.5 |
| Click here to enter a date. |  |  |  |
| Click here to enter a date. |  |  |  |
| Click here to enter a date. |  |  |  |
| Click here to enter a date. |  |  |  |
| **Monthly Total** | | |  |
| **Cumulative Total** | | |  |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

University Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_