***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 |

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

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| --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_