



LCSW SUPERVISION LOG

IMPORTANT NOTICE:

Please note that this information is a **template** for use during approved supervision. You and your supervisor may alter or add to this information as you deem appropriate.

Throughout your supervision experience, you and your supervisor are encouraged to keep supervision logs of which clients were the subject of supervision. Supervision logs should include the date of individual/group supervision, the duration of the supervision meeting, topic of discussion, clinical social work services provided throughout the week, number of hours obtained in face-to-face client contact, and evaluation of supervisee's knowledge and competency in identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the client for risk of imminent danger, implementing a professional and ethical relationship with clients, and understanding the requirements of law for reporting any harm or risk of harm to self or others.

Important! You will not need to submit your logs with your application for licensure; however you will be required to submit these supervision logs *if requested* by the Board for verification purposes.

Please note that your supervisor is required to maintain documentation for five years post-supervision, of which clients were the subject of supervision.

Part I: Supervisee's Information

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Email Address:		Supervisee's Phone Number:	

Part II: Supervisor's Information

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Email Address:		Supervisor's Phone Number:	

Part III: Worksite Information *(approved location where supervisee is receiving post-master's degree experience)*

Name of Worksite:		
Address of Worksite:		
City:	State:	Zip Code: _____

Please record an entry at the end of your weekly supervision session.

Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
1	Individual Group						Supervisee:
Date:							Supervisor:
2	Individual Group						Supervisee:
Date:							Supervisor:
3	Individual Group						Supervisee:
Date:							Supervisor:
4	Individual Group						Supervisee:
Date:							Supervisor:

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Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
5	Individual Group						Supervisee:
Date:							Supervisor:
6	Individual Group						Supervisee:
Date:							Supervisor:
7	Individual Group						Supervisee:
Date:							Supervisor:
8	Individual Group						Supervisee:
Date:							Supervisor:

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Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
9	Individual Group						Supervisee:
Date:							Supervisor:
10	Individual Group						Supervisee:
Date:							Supervisor:
11	Individual Group						Supervisee:
Date:							Supervisor:
12	Individual Group						Supervisee:
Date:							Supervisor:

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Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
13	Individual Group						Supervisee:
Date:							Supervisor:
14	Individual Group						Supervisee:
Date:							Supervisor:
15	Individual Group						Supervisee:
Date:							Supervisor:
16	Individual Group						Supervisee:
Date:							Supervisor:

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Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
17	Individual Group						Supervisee:
Date:							Supervisor:
18	Individual Group						Supervisee:
Date:							Supervisor:
19	Individual Group						Supervisee:
Date:							Supervisor:
20	Individual Group						Supervisee:
Date:							Supervisor:

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Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
21	Individual Group						Supervisee:
Date:							Supervisor:
22	Individual Group						Supervisee:
Date:							Supervisor:
23	Individual Group						Supervisee:
Date:							Supervisor:
24	Individual Group						Supervisee:
Date:							Supervisor:

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Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
25	Individual Group						Supervisee:
Date:							Supervisor:
26	Individual Group						Supervisee:
Date:							Supervisor:
27	Individual Group						Supervisee:
Date:							Supervisor:
28	Individual Group						Supervisee:
Date:							Supervisor:

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Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
29	Individual Group						Supervisee:
Date:							Supervisor:
30	Individual Group						Supervisee:
Date:							Supervisor:
31	Individual Group						Supervisee:
Date:							Supervisor:
32	Individual Group						Supervisee:
Date:							Supervisor:

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Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
33	Individual Group						Supervisee:
Date:							Supervisor:
34	Individual Group						Supervisee:
Date:							Supervisor:
35	Individual Group						Supervisee:
Date:							Supervisor:
36	Individual Group						Supervisee:
Date:							Supervisor:

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Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
37	Individual Group						Supervisee:
Date:							Supervisor:
38	Individual Group						Supervisee:
Date:							Supervisor:
39	Individual Group						Supervisee:
Date:							Supervisor:
40	Individual Group						Supervisee:
Date:							Supervisor:

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Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
41	Individual Group						Supervisee:
Date:							Supervisor:
42	Individual Group						Supervisee:
Date:							Supervisor:
43	Individual Group						Supervisee:
Date:							Supervisor:
44	Individual Group						Supervisee:
Date:							Supervisor:

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Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
45	Individual Group						Supervisee:
Date:							Supervisor:
46	Individual Group						Supervisee:
Date:							Supervisor:
47	Individual Group						Supervisee:
Date:							Supervisor:
48	Individual Group						Supervisee:
Date:							Supervisor:

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Week #	Circle One: Individual or Group Supervision	# of Hours	Topic of Discussion	Type of Clinical Social Work Services provided	# of Face- to-Face Client Contact	Evaluation/Remarks of Supervisee in Social Work	Signature of Supervisee and Supervisor
49	Individual Group						Supervisee:
Date:							Supervisor:
50	Individual Group						Supervisee:
Date:							Supervisor:
51	Individual Group						Supervisee:
Date:							Supervisor:
52	Individual Group						Supervisee:
Date:							Supervisor: