

LAPSW Supervision Log

(Please note: logs should be kept in real time and contemporaneous with supervision. Do not wait until you have completed all your supervision hours to fill these in! In the space below, please document the nature of your non-clinical hours and supervision hours for the time logged. The rules require approximately 1 supervision hour to 30 hours. Please note the hours worked do not need to total exactly 30 each week. Some weeks may be more, some less. This is normal.)

Subject of Supervision Sessions (Please circle): Policy (Use of) / Writing /Administrative skills / Organization skills /Appropriate referral making /Insight into client's systems / Team building / Team leading / Confidentiality / Ethics / Boundaries

____ Individual Supervision ____ Group Supervision Work date from: ____/____/____ Work date to: ____/____/____

Time In: _____ Time Out: _____ Total Supervision hours this session: _____

Supervision Content: _____

	Ind. hours	Group hours	Non- Clinical hours

Subject of Supervision Sessions (Please circle): Policy (Use of) / Writing /Administrative skills / Organization skills /Appropriate referral making /Insight into client's systems / Team building / Team leading / Confidentiality / Ethics / Boundaries

____ Individual Supervision ____ Group Supervision Work date from: ____/____/____ Work date to: ____/____/____

Time In: _____ Time Out: _____ Total Supervision hours this session: _____

Supervision Content: _____

	Ind. hours	Group hours	Non- Clinical hours

Subject of Supervision Sessions (Please circle): Policy (Use of) / Writing /Administrative skills / Organization skills /Appropriate referral making /Insight into client's systems / Team building / Team leading / Confidentiality / Ethics / Boundaries

____ Individual Supervision ____ Group Supervision Work date from: ____/____/____ Work date to: ____/____/____

Time In: _____ Time Out: _____ Total Supervision hours this session: _____

Supervision Content: _____

	Ind. hour	Group hour	Non Clinical hour

Subject of Supervision Sessions (Please circle): Policy (Use of) / Writing /Administrative skills / Organization skills /Appropriate referral making /Insight into client's systems / Team building / Team leading / Confidentiality / Ethics / Boundaries

____ Individual Supervision ____ Group Supervision Work date from: ____/____/____ Work date to: ____/____/____

Time In: _____ Time Out: _____ Total Supervision hours this session: _____

Supervision Content: _____

	Ind. hour	Group hour	Non Clinical hour

Total Supervision Hours

Cumulative Supervision Hours

Total this page			
Cumulative total			

(Supervisor Signature) (Date) (Print Name) (LCSW#/or LAPSW#)

(Supervisee Signature) (Date) (Print Name) (LMSW#)