

WEEKLY SUPERVISION SESSION LOG

Name of Student Counselor_____

Name of Individual Supervisor_____

Name of CE Faculty Group Supervisor_____

DIRECTIONS

Each time a student counselor is seen for individual supervision (on site or on campus), a written summary of that supervision session should be immediately entered into this log, reviewed with the student counselor and signed by both the supervisor and the student. Signatures indicate review of each summary rather than an agreement. Place a check mark next to the Audio/Video-Tape line if the supervision session included a review of a student intern’s audio and/or video-tape of a counseling session.

As the semester progresses, copies of the cumulative Weekly Supervision Session Logs completed by the Site Supervisor must be forwarded to the CE faculty group supervisor. This log serves as a record of the ongoing professional supervision and development of the student and will be retained in the student’s departmental file.

DATE:_____ AUDIO AND/OR VIDEO-TAPE REVIEW_____

OBSERVATIONS AND RECOMMENDATIONS:

Signature of Student Counselor Date Signature of Individual Supervisor Date

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