Student Name:						
Supervision Hours Lo		(To be completed and signed each week)				
Week (circle): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Enter Date: (01/02-1/7/18)	Site Supervision Hours	Direct Clinical Hours	Indirect Clinical Hours	Total Experience Hours Earned	Session Content	
Linter Date. (01/02-1/7/18)						

Total of Hours for the Week	
Site Supervisor Signature	Date: / /20
Student Counselor Signature	Date: / /20