

Internship Supervisee Weekly Log of Activities

Month/Year:

Supervisee's Name					
Work setting in which supervision took place					
Supervised hours for the week ending:					
Supervision & Training					
Face-to-face individual supervision with primary supervisor					
Group supervision with primary supervisor					
Face-to-face individual supervision with delegated supervisor					
Group supervision with delegated supervisor					
Training activities (e.g., didactics, case conferences, etc.)					
Professional Services Performed					
Individual psychotherapy					
Couples, children &/or family psychotherapy					
Group psychotherapy					
Testing & assessment (administration, scoring, interpretation, report)					
Intakes					
Consultations					
Other Work Performed					
Staff meetings					
Administrative duties (e.g., paperwork)					
Other professional activities (describe:)					
Total number of hours of supervised experience per week					
Primary supervisor's printed name and psychology license number					
Primary supervisor's signature and date					
Delegated supervisor's printed name, license type and number					
Delegated supervisor's signature and date					
Delegated supervisor's printed name, license type and number	Supervisee, Supervisor and Delegated Supervisor must sign and date each week in the space provided above. I certify that the information accurately represents the training activities of Supervisee: at Location:				
Delegated supervisor's signature and date					
Supervisee's signature and date	Primary supervisor's printed name and psychology license number Primary supervisor's signature and date				