Supervision Hours Log- Site:_____

Week (MM/DD-DD/YY)	Direct Supervision Hours	Direct Clinical Hours	Indirect Hours	Total Experience Hours Earned (cumulative)	Supervision Session Content	LPC-S Initials	LPC–Intern Initials
Cumulative Hours							
LPC-S Signature					**Date: / /20__**		
Intern Signature					**Date: / /20__**		

LPC Intern Supervision L