

# Internship Supervisee Weekly Log of Activities

Month/Year:

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