

Psychological Counseling "Under the Supervision of" LOG

Child Name: _____ Agency: _____

School Year: _____ Psychological Counseling Services Mandated: _____

Assigned LMSW: _____ License #: _____ NPI #: _____

Supervisor Name/Title: _____ License #: _____ NPI #: _____

I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student and LMSW).

ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone Etc.)	Services / Evaluation Recommended	SUPERVISOR SIGNATURE
IEP REVIEW				
<i>INITIAL OBSERVATION - Face to Face with Child</i>				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>2nd OBSERVATION - Face to Face with Child</i>				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>3rd OBSERVATION - Face to Face with Child</i>				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>4th OBSERVATION - Face to Face with Child</i>				
FOURTH QTR REVIEW				
Meeting				
Meeting				
Meeting				

NOTE: The Supervisor **MUST** provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by a TSHH "under the direction of". The Supervisor **MUST** have on file the manner in which he/she has provided supervision to the LMSW for each and every child being serviced.

****The Supervisor must provide at least two hours per month of in person individual or group clinical supervision****