

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 if observations, initial and subsequent periodic face to face contact with each student and LMSW)

ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone etc.)	Notes	SUPERVISOR SIGNATURE
IEP REVIEW				
INITIAL OBSERVATION- Summer				
Summer Meeting				
INITIAL OBSERVATION- School Year				
Meeting				
<i>1st Quarter Review</i>				
Meeting				
<i>2nd Quarter Review</i>				
Meeting				
<i>3rd Quarter Review</i>				
Meeting				
<i>4th Quarter Review</i>				
Meeting				

NOTE: The Supervisor **MUST** provide 2 hour per month of in person face to face individual or group clinical supervision.. The Supervisor **MUST** have on file the manner in which he/she has provided supervision to the LMSW of each, and every child being served.

Upload document to the CPSE Portal quarterly