

Date:	Time Start:	Time End:	Restricted Total	Unrestricted Total	Individual Supervision	Group Supervision	Description of Activity

Total Restricted	
Total Unrestricted	
Total Experience	
Individual Supervision	
Group Supervision	
Total Supervision	
% Supervision	
Meets Criteria	
Minimum face-to-face contacts?	<input type="checkbox"/>
50% individual supervision?	<input type="checkbox"/>
15 minute client observation?	<input type="checkbox"/>