

SYRACUSE UNIVERSITY
Counseling and Human Services
COUNSELOR EDUCATION AND SUPERVISION
DOCTORAL INTERNSHIP – SUPERVISION ACTIVITY LOG

NAME:

SEMESTER:

<u>Activity</u>	<u>Month:</u>	<u>Month:</u>	<u>Month:</u>	<u>Month:</u>	<u>Month:</u>	<u>TOTAL</u>	
Individual supervision							
Group supervision							
Listening to supervisees' tapes							
Providing consultation							
<u>TOTAL DIRECT SERVICE</u>							
Reading supervisees' case notes							
Writing case notes							
Peer consultation							
Reading supervisees' case notes							
<u>TOTAL INDIRECT SERVICE</u>							
Individual / triadic supervision							
Group supervision							
<u>TOTAL SUPERVISION</u>							
<u>TOTAL NUMBER OF HOURS</u>							

Comments:

Signature(s) of supervisor(s): _____

Date: _____
 Date: _____