

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

NAME:

WEEK:

<u>Activity</u>	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thur</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>TOTAL</u>	
Individual supervision									
Group supervision									
Listening to supervisees' tapes									
Providing consultation									
<b><u>TOTAL DIRECT SERVICE</u></b>									
Reading supervisees' case notes									
Writing case notes									
Peer consultation									
Reading supervisees' case notes									
<b><u>TOTAL INDIRECT SERVICE</u></b>									
Individual / triadic supervision									
Group supervision									
<b><u>TOTAL SUPERVISION</u></b>									
<b><u>TOTAL NUMBER OF HOURS</u></b>									

Comments:

Signature(s) of supervisor(s): \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_