Supervision Hours Log- Site:_____(To be completed and signed each week)							
Week (MM/DD-DD/YY)	**Direct Supervision Hours**	**Direct Clinical Hours**	**Indirect Hours**	**Total Experience Hours Earned (cumulative)**	**Supervision Session Content**	**LPC-S Initials**	**LPC–Intern Initials**
Cumulative Hours							
LPC-S Signature					**Date: / /20__**		
Intern Signature					**Date: / /20__**		