Oklahoma State Board of Licensed Alcohol and Drug Counselors

PO Box 54388 -- Oklahoma City, OK 73154-0388

Phone (405) 521-0779

SUPERVISION LOG

SUPERVISEE _____

SUPERVISOR _____

(Max 60 Hours)

Date of Supervision	Individual Supervision Hours	Group Supervision Hours	Hours Worked (This Week)	Supervised Hours (Accumulative)

(Max 60 Hours)

Date of Supervision	Individual Supervision Hours	Group Supervision Hours	Hours Worked (This Week)	Supervised Hours (Accumulative)

Total number of **Individual Educational (face-to-face) Supervision** hours this evaluation: _____

Total number of **Group Educational Supervision** hours this evaluation: _____

Total Hours of **Work Under Supervision** this evaluation: _____

☐ **12 months (LADC)** ☐ **24 months (CADC)**

☐ **PARTIAL SUPERVISION: FROM** _____ **TO** _____

(This form must accompany each set of supervision evaluation forms)

Signature of Supervisee Date

Signature of Supervisor Date