Supervisee Monthly Log

Arizona Psychology Training Consortium

	Week 1 From: To:	Week 2 From: To:	Week 3 From: To:	Week 4 From: To:	Total Monthly Hours
Charting and Record Keeping	_____	_____	_____	_____	_____
Consortium Workshops/Conferences	_____	_____	_____	_____	_____
Consultation and Outreach	_____	_____	_____	_____	_____
Intern/Resident Seminar	_____	_____	_____	_____	_____
Outcome Assessment	_____	_____	_____	_____	_____
Program Development/Administration	_____	_____	_____	_____	_____
Professional Organizations	_____	_____	_____	_____	_____
Psychological Testing/Report Writing	_____	_____	_____	_____	_____
Psychotherapy, Individual	_____	_____	_____	_____	_____
Psychotherapy, Group	_____	_____	_____	_____	_____
Psychotherapy, Couples/Families	_____	_____	_____	_____	_____
Research	_____	_____	_____	_____	_____
Site Meetings	_____	_____	_____	_____	_____
Site Trainings	_____	_____	_____	_____	_____
Supervision, Group	_____	_____	_____	_____	_____
Supervision, Individual	_____	_____	_____	_____	_____
Vacation/Sick Time	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

Total Supervised Training Hours _____ for the month of _____, _____

Cumulative Direct Service Hours _____ Cumulative Supervised Training Hours _____

_____	_____	_____
Intern/Resident Printed Name	Signature	Date
_____	_____	_____
Supervisor Printed Name	Signature	Date