

Supervision for Post-Graduate Practice Hours

Use this form to track your supervision as a CSUDC OR CASUDC. Total of all hours must be at least 2,000 for LSUDC and 4,000 for LASUDC.
Do not turn this form in with your CSUDC/CASUDC application. It should be turned in with your LSUDC OR LASUDC application.

SUPERVISEE INFORMATION

Full Legal Name: _____ License Number: _____ Email: _____
First Middle Last

SUPERVISED HOURS

Supervised Hours. Use additional sheets as needed.

| Supervisor | Dates Supervised <small>(MM/DD/YYYY to MM/DD/YYYY)</small> | Total Hours | Hours of Direct Supervision | Supervisor's Signature |
|------------------------------------|---|-------------|-----------------------------|------------------------|
| | <i>to</i> | | | |
| | <i>to</i> | | | |
| | <i>to</i> | | | |
| Total from all supervisors: | | | | |

Please list each supervisory meeting. Use additional sheets as needed.

| Date | Location | Format <small>(Individual, small group, etc.)</small> | Supervisor | Supervisor Evaluation (use additional sheets if needed) |
|------|----------|--|------------|---|
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Signature of Supervisee: _____ Date: _____