Social Work Training Supervision Log

Date, time, and length of supervision: _____
Type of supervision – Individual or Group: _____
Concentration; Example – Clinical, Advanced Generalist, etc: _____
LSW's Name and License No: _____
_____
LISW-S's Name and License No: _____
_____

I: Goals of Supervision:

II. Content of Supervision:

A. Competencies:

B. Knowledge and practice behaviors specific to concentration:

III. Supervisor's Note (feedback to LSW):

_____ _____
Signature of Supervisee Date **Signature of Supervisor Date**