

QUARTERLY INDIVIDUAL SUPERVISION REPORT

West Virginia Board of Examiners in Counseling

The quarterly reports are to be submitted within 15 days of the end of each quarter. Signatures of the supervisor and supervisee certify that the information contained in this report is accurate and true.

Supervisee Name: _____ ALPS Name: _____
(please print) (please print)

Email Address: _____ Email Address: _____

Quarter (Circle) 1 2 3 4 Year _____ From _____ To _____
(Jan. 1-March 30) (April 1-June 30) (July 1-Sept. 30) (Oct. 1-Dec.31)

Comments: _____

Please input 1/4, 1/2, and 3/4 hours as .25, .50, or .75 by rounding to the nearest 1/4 hour. For example: If your counseling activity totaled 3 hours and 35 minutes, you would enter your hours as 3.50. If your counseling activity totaled 2 hours and 10 minutes, you would enter your hours as 2.25.

Activity	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Total Number Of Hours	Percentage
Individual Therapy															
Group Therapy															
Family & Couples Therapy															
Consultation															% Direct
Therapy Related															0%
Screening/Assessment															
Intake/Diagnostic															
Crisis Intervention															
Case Mgt.															
ALPS Supervision															
Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
														0	The number to the left reflects the minimum number of supervision hours you need to meet the 20/1 ratio this quarter.

Signatures: _____
Please KEEP a copy of log with ALPS & Supervisee Permanent Record

 ALPS Supervisor

 Date

Please MAIL HARDCOPY to the board address below:
 Supervision Log-WVBEC

 Supervisee

 Date