

Month/Year _____

Supervisee's Signature _____

ALPS's Signature _____

	Date	Individual Counseling	Group Counseling	Family Counseling	Consultation	Counseling Related	Screening/ Assessment	Intake/ diagnostic	Crisis Intervention	Case Mgt.	ALPS Supervision	TOTAL
Mon.												
Tues.												
Wed.												
Thur.												
Fri.												
Mon.												
Tues.												
Wed.												
Thurs.												
Fri.												
Mon.												
Tues.												
Wed.												
Thurs.												
Fri.												
Mon.												
Tues.												
Wed.												
Thurs.												
Fri.												
Mon.												
Tues.												
Wed.												
Thurs.												
Fri.												
TOTAL:												

Daily/Weekly Log Sheet for a Supervised Counselor