

SERVICE EXTENDER ANNUAL SUPERVISORY LOG

Please use the weekly supervisory notes & the summary of client contacts to compile the information required for this log.

Service Extender (SE) name _____

Supervisor (PSY) name _____

Report Period: From ____/____/____ To ____/____/____ Type: Category I Category II

Summary:

The PSY was at the service delivery site an average of ____% of the time that the SE provided services.

Average number of hours the SE delivered services was _____ per week for _____ weeks.

Provision of Supervisory Sessions:

The SE met with the PSY for a total of _____ hours during the Report Period.

The SE met with the PSY for a total of _____ hours of individual face-to-face contacts during the time period.

The SE met with the PSY for a total of _____ hours during group sessions for the purpose of supervision.

Taping of Sessions:

Tapes of the supervisory sessions **were** or **were not** required as agreed to in the supervisory plan.

Chart Reviews:

A total of _____ chart reviews were conducted during the Report Period.

Caseload Size:

A total of _____ clients were seen by the service extender during the Report Period.

Signature of Supervisor

Signature of Service Extender

Date Signed ____/____/____

Date Signed ____/____/____