

**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.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Service Extender Signature

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_