Louisiana State Board of Social Work Examiners

18550 Highland Road, Suite B Baton Rouge, LA 70809 Telephone: 225-756-3470 Fax: 225-756-3472 Toll-free in LA: 800-521-1941

Record of Supervision

The Record of Supervision is **required** for maintaining a written account of <u>dates</u> of supervision and <u>time spent</u> in each session. Identifying client information should not be included when summarizing the major activities and themes covered in supervision. Copies can be made as needed; however, the **ORIGINAL** Record of Supervision is to be submitted to the board.

Supervisee:	<u></u>
	(PRINT Name and Credential Number)
Supervisor	:
-	(PRINT Name and Credential Number)

Date	Begin	Group	Major activities and themes covered	Signatures
Of	& End	Or	(To be completed by either supervisor or supervisee)	(To be signed by both
Session	Time	Individual:		supervisor & supervisee)
(m/d/y)	Of	Indicate		
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Date	Begin	Group	Major activities and themes covered	Signatures
Of	& End	Or	(To be completed by either supervisor or supervisee)	(To be signed by both
Session	Time	Individual:	(20 % completed %) states super those of super thee)	supervisor & supervisee)
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