SAMPLE LIVE SUPERVISION LOG

Therapist’s Name ____________________________________________________________________ Month and Year ________________________

**Supervision Received**

Indicate the faculty supervisor’s initials, the date, and the number of hours (quarter-hours), “I” if it was an individual supervision or “G” if it was Group Supervision and “L” if it was Live Supervision or “C” if it was Case consultation. If audio or video tapes were reviewed, record the amount of supervision time spent on each (e.g., .5 hours V, 1.25 hours A, etc.)

<table>
<thead>
<tr>
<th>Initials of Supervisor</th>
<th>Date (mm/dd/yy)</th>
<th>Hours</th>
<th>Individual/Group</th>
<th>Live/Case</th>
<th>Audio/Video Time</th>
</tr>
</thead>
</table>

AAMFT Approved Supervision Designation: Standards Handbook