**Supervisee Directed Experience Log**

Supervisee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer (Company):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of work setting (i.e., agency, private practice, hospital): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Disclaimer: *“Use of this form does hereby RELEASE, WAIVE and FOREVER DISCHARGE any and all claims arising out of, or in connection with, such use of this ABEC form, including without limitation any and all claims for libel or invasion of privacy."*

Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIRECT EXPERIENCE HOURS**

|  |  |
| --- | --- |
| **DIRECT EXPERIENCE HOURS** | **Hours** |
| Client Counseling (Individual or Group) |  |
| Treatment planning |  |
| Evaluating and Diagnosing Client |  |
| Administering Assessment Tools (educational, vocational, etc.) |  |
|  | |
| **Total Direct Experience Hours for the Week** |  |

**INDIRECT EXPERIENCE HOURS**

|  |  |
| --- | --- |
| **INDIRECT EXPERIENCE HOURS** | **Hours** |
| Documentation (Progress Notes) |  |
| Consultation with Licensed Colleagues |  |
| Treatment Team and Case Staffing Hours |  |
| Utilizing Community Resources |  |
| Engaging in Referring |  |
| Professional Development (Completing CEs, seminars, etc.) |  |
| Presentations and Outreach |  |
|  | |
| **Total Indirect Experience Hours for the Week** |  |

Additional details/notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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