Illinois
Mental Health
Counselors

Supervision Log

Supervisee Name:

Date	Time Session Began	Length of Supervision Session in Minutes	Completed Satisfactorily?	Supervisor License #	Supervisor Signature
1-7-17	9:00	60 min	(YES) / NO	12345678	
2-6-17	12:00	75 min	(YES) NO	87654321	
			YES/ NO		
			YES/ NO		
			YES/ NO		
			YES/ NO		
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