MONTHLY SUPERVISION LOG

Name of OTA/L: _____ **Licensed #** _____

Name of OT/L: _____ **Licensed #** _____

Date of Supervision	Time	Meeting Type Face to Face/ General	Themes/Topics Observation, dialogue/discussion, and instructional technique employed

Frequency of Supervision: _____ **Total hours worked:** _____

Total Hours Supervision: _____ **Face to Face:** _____ **General:** _____

Supervising OT/L Signature: _____ **Date:** _____

OTA/L Signature: _____ **Date:** _____

OTA Supervision Log Month _____ Year _____

OTA/License # _____ OT Supervisor/License # _____

Date	Type of Supervision (General or Face to Face)	Techniques (Observation, Dialogue, Discussion & Instructional Techniques Employed)	OTA Initials	OT Initials	Time Spent

Total Hours of General Supervision _____ Total Hours of Face-to-Face _____ Total Hours Supervision _____ Total Hours Worked_____

OTA Signature: _____Date: _____ OT Signature: _____ Date: _____