

## Occupational Therapy Supervision Log

Name of Licensee/License #: \_\_\_\_\_

Name of Supervisor(s) & Licenses(s) #: \_\_\_\_\_

Employer or Facility: \_\_\_\_\_

Date	Type of Supervision (List Time)		Observation, Dialogue, Discussion and Instructional Technique  (Specify Technique)	Total Hours Supervision	Supervisor Initials
	Face to Face	General Supervision			
<b>Total Hours:</b>					
<b>Total Hours Worked per Month</b>					
<b>OT Signature:</b> _____ <b>Date:</b> _____					
<b>OTA Signature:</b> _____ <b>Date:</b> _____					

## Supervision Log

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Name, OTA/L: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of OT/L: \_\_\_\_\_ License Number: \_\_\_\_\_

Month of Supervision: \_\_\_\_\_

Date							
<b>Supervision Type</b>							
General: Technique and Comments							
<b>Face to Face</b>							
Technique and Comments							
<b>Amount of Time of Supervision</b>							

Total Monthly Hours worked by OTA/L: \_\_\_\_\_

Hours of supervision: Face to Face \_\_\_\_\_ General \_\_\_\_\_

Total Supervision hours per month: \_\_\_\_\_

Signature of OTA/L: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of OT/L: \_\_\_\_\_ Date: \_\_\_\_\_