

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			
Total Hours:					
Total Hours Worked per Month					
OT Signature: _____ Date: _____					
OTA Signature: _____ Date: _____					

Supervision Log

Name of Facility: _____

Address of Facility: _____

Name, OTA/L: _____ License Number: _____

Name of OT/L: _____ License Number: _____

Month of Supervision: _____

Date							
Supervision Type							
General: Technique and Comments							
Face to Face Technique and Comments							
Amount of Time of Supervision							

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: _____