

PCC Supervision Log for On-Site Supervisors

Student Name: _____ Semester: _____

Supervisor: _____

Placement/Location: _____

Please use this form to document below the completion of ***at least two hours of individual supervision each week*** (minimum 30 hours total for the semester) with the Field Experience supervisor at your site. By signing, your supervisor affirms that this supervision has occurred. Additional copies of this form will need to be made. Please turn in at the conclusion of ***each*** semester.

Week # _____ Dates: _____ Total Hours This Week _____

Site Supervisor
Signature _____ Date _____

Week # _____ Dates: _____ Total Hours This Week _____

Site Supervisor
Signature _____ Date _____

Week # _____ Dates: _____ Total Hours This Week _____

Site Supervisor
Signature _____ Date _____

Week # _____ Dates: _____ Total Hours This Week _____

Site Supervisor
Signature _____ Date _____

Week # _____ Dates: _____ Total Hours This Week _____

Site Supervisor
Signature _____ Date _____