Partners in Recovery

Direct Care Clinic Monthly Supervision Log
Clinic

Month/Year:

Staff Roster	Position	Case review completed Part1/Part 2 documented, Minimum 1 hour	Individual Supervision Hours Minimum 1 hour documented	Group Supervision Attendance documented and number of hours	Absent From Work Hours	Total Supervision Hours Minimum 1 hour/ 40 hours worked

Clinical Director _____

Site Administrator _____