WEEKLY SUPERVISORY NOTES FOR SERVICE EXTENDER

Service Extender (SE) name _____

Supervisor (PSY) name _____

Report Period: From _____/_____/_____ **To** _____/_____/_____ **Type:** ◯ **Category I** ◯ **Category II**

Total number of hours the PSY was on location at the service site while the SE provided services: _____.

Total number of SE client contact hours during this Report Period: _____.

Total number of hours the SE met with the PSY during the Report Period: _____.

Total number of hours the SE met with the PSY individually / face-to-face during the Report Period: _____.

Total number of hours of group supervisory sessions attended by both the SE and the PSY: _____.

SUPERVISORY SESSIONS:

Client Number	Clinical Issues Discussed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____
Supervisor Signature

Date Signed _____/_____/_____

_____
Service Extender Signature

Date Signed _____/_____/_____