

**LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
DEPARTMENT OF COUNSELING PSYCHOLOGY
ART THERAPY PROGRAM**

Supervision Summary

Student name: _____ Supervisor: _____

Date: _____ Site: _____

Note: Weekly 1:1 supervision is required to discuss cases, program expectations, documentation, assessments, treatment plans, and ethics as well as any problems which need to be addressed.

Hours	For the supervision period Beginning Date: End Date:	Running total/YTD
Site Hours (includes supervision)		
Art Therapy Contact Hours		
Supervision Hours		

Goal/Agenda:

Weekly Clinical Summary:

Supervision Meeting Notes:

Plan:

Student Signature Date

Site Supervisor Signature Date