

LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
DEPARTMENT OF COUNSELING PSYCHOLOGY
MARRIAGE, COUPLE, AND FAMILY THERAPY PROGRAM

Monthly Verification Log
(Submission NOT Required)

MONTH: _____

Student Name: _____ *Signature:* _____ *Date:* _____

Site Supervisor: _____ *Signature:* _____ *Date:* _____

Secondary Site Supervisor: _____ *Signature:* _____ *Date:* _____

L&C CCC MCFT Supervisor: _____ *Signature:* _____ *Date:* _____

Instructions: Track time by 0.25 hour increments. Maintain monthly logs, but only submit the Semester Summary Log at the end of each semester. Keep this for your records.

CLIENT CONTACT HOURS	LC Hours/Month	Site Hours/Month	Secondary Site Hours/Month	Total Hours/Month	Total Cumulative
Individual (from all sources)					
Relational (from all sources)					
Individual Telehealth					
Relational Telehealth					
TOTAL					

PROCESS GROUP HOURS	LC Hours/Month	Site Hours/Month	Secondary Site Hours/Month	Total Hours/Month	Total Cumulative
Individual Group					
Relational Group					
TOTAL					

*Maximum 100 hours

SUPERVISION	LC Hours/Month	Site Hours/Month	Secondary Site Hours/Month	Total Hours/Month	Total Cumulative
Individual Supervision: Case Report					
Individual Supervision: Live, Video, Audio					
Group Supervision: Case Report					
Group Supervision: Live, Video, Audio					
TOTAL					

SUPERVISION RATIO	Total /Month	Total Cumulative
Total Supervision Hours		
Total Client Contact Hours		
TOTAL RATIO (Divide Supervision Hours by Client Contact hours)		

Additional Activities cumulative

Case Management	
Record Keeping	
Staff Meetings	

cumulative

Workshops/Training	
Consultation	
Other (Specify)	

ALTERNATIVE HOURS

**Total
Cumulative**

Individual (from all sources)	
Relational (from all sources)	
TOTAL	

*Examples of alternative hours include: reflecting teams, meetings with clients and school personnel, psychoeducation groups, and additional clinical activities approved by supervisor.