

# Supervision Counseling Internship Summary Form

University of North Carolina at Greensboro  
Department of Counseling and Educational Development

Intern's Name \_\_\_\_\_ Semester and Year \_\_\_\_\_  
University Supervisor \_\_\_\_\_ Program Advisor \_\_\_\_\_  
Course Number CED 781A 781B 781C 781D

## Supervision Internship Hours

*Time:* Start date (month/day/year) of semester: \_\_\_\_\_ End date (month/day/year) of semester: \_\_\_\_\_  
Number of supervisees you were supervising this semester: \_\_\_\_\_

*Hours:* Total DIRECT\* contact hours: \_\_\_\_\_ Total INDIRECT\* contact hours: \_\_\_\_\_  
TOTAL contact hours (direct + indirect): \_\_\_\_\_

\*Direct supervision hours equate the time you spent with each of your supervisees; indirect supervision contact hours equate the time you spent planning for supervision sessions (e.g., tape watching, case notes, preparing)

Hours providing:  
Individual Supervision \_\_\_\_\_ Live Supervision \_\_\_\_\_  
Triadic Supervision \_\_\_\_\_ Supervision via Audio/Video-tapes \_\_\_\_\_  
Group Supervision \_\_\_\_\_

**Supervision internship logs detailing the above recorded hours are attached to this form**

Types of populations provided supervision for (e.g., children/adolescents, adults, psychiatric, families, crisis intervention, etc.). Please provide brief description.

## Supervision

Specify the date and time duration of each session of supervision (in which YOU were being supervised by your University Supervisor).

<u>Individual</u>		<u>Triadic</u>		<u>Group</u>	
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/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/

Signing below indicate that you have reviewed the information provided and it is accurate to the best of your knowledge.

\_\_\_\_\_  
University Supervisor's PRINTED Name

\_\_\_\_\_  
University Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Supervisor's PRINTED Name

\_\_\_\_\_  
Student Supervisor's Signature

\_\_\_\_\_  
Date