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## INTERN SUPERVISION FORM

(Use one of these forms for every supervision meeting)

Intern: \_\_\_\_\_

Date: \_\_\_\_\_

Hours of Direct Experience:

Hours of Indirect Experience:

Prior Total: \_\_\_\_\_

Prior Total: \_\_\_\_\_

This Week: \_\_\_\_\_

This Week: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Clients seen/ groups and activities performed:

Issues to be discussed:

Notes from Supervision session:

Goals of Intern for next session:

\_\_\_\_\_  
Intern

\_\_\_\_\_  
Supervisor