WV BOARD OF EXAMINERS OF PSYCHOLOGISTS QUARTERLY INDIVIDUAL SUPERVISION REPORT

Supervisee (Please Print)		**Supervisor** (Please Print)	

Quarter	1 2 3 4	**Year**	20 __ __	**Period**	From: ___/___/___	To: ___/___/___	**Full-Time** **Half-Time** **Other**

Week of the Qrtr	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**Week 7**	**Week 8**	**Week 9**	**Week 10**	**Week 11**	**Week 12**	**Week 13**	**Q**
Date Week Begins (Month/Day)	/	/	/	/	/	/	/	/	/	/	/	/	/	**Suprv Total**
Supervised Hours														
Assessments:														
Cognitive/Achievement														
Personality														
Neuropsychological														
Forensic														
A-Write/Call/Meet/Etc.														
Other - (Specify Below)														
Psychotherapy:														
Individual														
Couples/Family/Group														
P-Write/Call/Meet/Etc.														
Other - (Specify Below)														
Consultation:														
Agency/Organization														
Business														
Court/Lawyers														
Community														
School														
C-Write/Call/Meet/Etc.														
Other - (Specify Below)														
Miscellaneous:														
Total Hours/Week: (Including Supervision)														

(Grand Total)

By our signatures we certify that the information on this form is accurate and true:

(Supervisor Signature) (Date)

(Supervisee Signature) (Date)

Other/Miscellaneous:

Email: psychbd@wv.gov or nikki.d.jones@wv.gov
Fax: 304-957-0361