

WV BOARD OF EXAMINERS OF PSYCHOLOGISTS QUARTERLY INDIVIDUAL SUPERVISION REPORT

Supervisee <small>(Please Print)</small>	Supervisor <small>(Please Print)</small>
--	--

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

Week of the Qtr	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 <small>(Month/Day)</small>	/	/	/	/	/	/	/	/	/	/	/	/	/	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: <small>(Including Supervision)</small>														
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(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 kathy.g.lynch@wv.gov
Fax: 304-558-0608