

QUARTERLY INDIVIDUAL SUPERVISION REPORT

West Virginia Board of Examiners in Counseling

The quarterly reports are to be submitted within 15 days of the end of each quarter. Signatures of the supervisor and supervisee certify that the information contained in this report is accurate and true.

Supervisee Name: _____ ALPS Name: _____

Quarter (Circle) 1 2 3 4 Year _____ From _____ To _____

Comments: _____

Please input 1/4, 1/2, and 3/4 hours as .25, .50, or .75 by rounding to the nearest 1/4 hour. For example: If your counseling activity totaled 3 hours and 35 minutes, you would enter your hours as 3.50. If your counseling activity totaled 2 hours and 10 minutes, you would enter your hours as 2.25.

Activity	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	Total Number Of Hours	Percentage
Individual Counseling														0	
Group Counseling														0	
Family Counseling														0	
Crisis Intervention														0	0%
Consultation														0	
Counseling Related														0	
Screening/ Assessment														0	
Intake/ Diagnostic														0	
Case Mgt.														0	
ALPS Supervision														0	
Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
														0	

% Direct
0%

The number to the left reflects the minimum number of supervision hours you need to meet the 20/1 ratio this quarter.

Signatures: _____
ALPS Supervisor

Date

Supervisee

Date