

Supervision Log

Name of Facility: _____

Address of Facility: _____

Name, OTA/L: _____ License Number: _____

Name of OT/L: _____ License Number: _____

Month of Supervision: _____

Date							
Supervision Type General: Technique and Comments							
Face to Face Technique and Comments							
Amount of Time of Supervision							

Total Monthly Hours worked by OTA/L: _____

Hours of supervision: Face to Face _____ General _____

Total Supervision hours per month: _____

Signature of OTA/L: _____ Date: _____

Signature of OT/L: _____ Date: _____

Supervision Log

Occupational Therapist/License # _____

Occupational Therapist Assistant/License # _____

Frequency of Supervision _____ Number of hours worked by OTA _____

A full time OTA must be supervised at least four (4) hours per month with no less than two (2) hours of face to face supervision.

Date and amount of time spent	Type of supervision General/Face to Face	Observation, Dialogue, Discussion and Instructional Techniques	OT Initials	OTA Initials

Total Hours supervision for the month _____ Signature of OT: _____ Date: _____

Total Hours General Supervision _____ Signature of OTA: _____ Date: _____

Total Hours Face to Face Supervision _____

OCCUPATIONAL THERAPY SUPERVISION LOG

OTA Name/License #: _____

OT Name/License #: _____

Date	Supervision Time Circle Method of Supervision	Circle Type of Supervision Technique Provided	OT Initials
	Time: _____ General Face To Face	Observation Dialogue Discussion Other Instructional Technique _____	
	Time: _____ General Face To Face	Observation Dialogue Discussion Other Instructional Technique _____	
	Time: _____ General Face To Face	Observation Dialogue Discussion Other Instructional Technique _____	
	Time: _____ General Face To Face	Observation Dialogue Discussion Other Instructional Technique _____	
	Time: _____ General Face To Face	Observation Dialogue Discussion Other Instructional Technique _____	
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	Time: _____ General Face To Face	Observation Dialogue Discussion Other Instructional Technique _____	
	Time: _____ General Face To Face	Observation Dialogue Discussion Other Instructional Technique _____	
	Time: _____ General Face To Face	Observation Dialogue Discussion Other Instructional Technique _____	

Frequency of Supervision: _____ Total hours worked: _____

Total Hours Supervision: _____ Face to Face: _____ General: _____

Supervising OT/L Signature: _____ Date: _____

OTA/L Signature: _____ Date: _____

