### THE CORRECTIONAL TREATMENT FACILITY
### SUPERVISION LOG

<table>
<thead>
<tr>
<th>Supervisee Name/Credentials</th>
<th>Date Goal(s) Developed</th>
</tr>
</thead>
<tbody>
<tr>
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#### POSITION:

<table>
<thead>
<tr>
<th>DEVELOPING _____</th>
<th>PROFICIENT _____</th>
<th>EXEMPLARY _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited understanding and/or inconsistent; new in field frequent supervision required</td>
<td>Applies Knowledge, Skills and Attitudes of Addiction counseling; regular support required</td>
<td>Develops/implements strategies consistently and effectively; minimal supervision required</td>
</tr>
</tbody>
</table>

#### GOAL/ SKILL/ AREA OF FOCUS

#### METHOD OF SUPERVISION

<table>
<thead>
<tr>
<th>Individual ____</th>
<th>Group ____</th>
<th>Review of Clinical Documentation ____</th>
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</thead>
<tbody>
<tr>
<td>Observe Skills With Client ____</td>
<td>Other/QA reports ____</td>
<td></td>
</tr>
</tbody>
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#### FREQUENCY OF SUPERVISION

- [ ] Weekly
- [ ] Monthly
- [ ] Bi-Monthly
- [ ] Quarterly
- [ ] Semi-Annually
- [ ] Annually

#### PROGRESS TOWARD GOAL

We agree to mutually work toward the above established goal(s) and to utilize the above methods of supervision.

______________________________
Supervisee Name/Credentials/Date

______________________________
Supervisor/Credentials/Date

______________________________
Clinical Supervisor/Credentials/Date

#### NEXT SUPERVISION DATE:

Revised July 2008