

Appendix F: Documentation of Supervised Experience

COUNSELING AND DEVELOPMENT CENTER
Department of Educational Studies, BRNG
Purdue University
100 N. University Street
West Lafayette, IN 47907-2098

DOCUMENTATION OF SUPERVISED EXPERIENCE

Student's Name: _____ Degree Objective: _____

Academic Advisor: _____ Degree Completed: _____

Course Number: _____ Number of Clients: _____

Course Title: _____ Client Contact Hours: _____

Instructor: _____ Individual Supervision Hours: _____

Supervisor: _____ Group Supervision Hours: _____

Date Completed: _____ Instructor's Signature: _____

Course Number: _____ Number of Clients: _____

Course Title: _____ Client Contact Hours: _____

Instructor: _____ Individual Supervision Hours: _____

Supervisor: _____ Group Supervision Hours: _____

Date Completed: _____ Instructor's Signature: _____

Course Number: _____ Number of Clients: _____

Course Title: _____ Client Contact Hours: _____

Instructor: _____ Individual Supervision Hours: _____

Supervisor: _____ Group Supervision Hours: _____

Date Completed: _____ Instructor's Signature: _____

Course Number: _____ Number of Clients: _____

Course Title: _____ Client Contact Hours: _____

Instructor: _____ Individual Supervision Hours: _____

Supervisor: _____ Group Supervision Hours: _____

Date Completed: _____ Instructor's Signature: _____