**Ongoing summary of supervision hours, supervised practice and cases**

**Term 1 2 3**

**VIG Cases**

Number of cycles must total 18 across the six families, with 20 hours of supervision

**Regulatory Cases**

Three cases. Normally seen for an average of six sessions, with five hours of supervision per family.

**Supervised IY Parent Group Practice**

Total sessions of supervised practice (1 group for a minimum of 14 sessions) …………

(see clinical log)

**Observation of workplace supervisor/therapist** (at least once) date(s) ………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Case ID | Problem type | Supervisor | Supervision Hrs | Written up as case report Y/N | Entered in clinical log |
| VIG1 |  |  |  |  |  |
| VIG 2 |  |  |  |  |  |
| VIG 3 |  |  |  |  |  |
| VIG 4 |  |  |  |  |  |
| VIG 5 |  |  |  |  |  |
| VIG 6 |  |  |  |  |  |
| IY 1 |  |  |  |  |  |
| IY 2 |  |  |  |  |  |
| IY 3 |  |  |  |  |  |
| Gp1 |  |  |  |  |  |

**Gp = group**

**University supervision** group hours (supervision sessions x 2.5 hrs) ………

 1:1 ………

 phone/email ………

 **Total ………**

**Name of Supervisor(s)** **………………………………………………**

(A = confirm accredited)

 **……………………………………………….**

# Work place supervision group hours ……….

 1:1 ……….

 phone/email ……….

 **Total ……….**

**Name of Supervisor(s)**  **………………………………………………**

(A = confirm accredited)

 **……………………………………………….**

**Overall total supervision hours ………**