AUGUSTA STATE UNIVERSITY
College of Education
Department of Educational Leadership Counseling and Special Education
Counselor Education Program

On-Site Supervision Attendance Log

Counseling Candidate: _____ **Semester:** _____

Supervisor: _____ **Site:** _____

Course: ❑ Practicum ❑ Internship 1 ❑ Internship 2

Date of Supervision		**Supervisor's Signature** (or explanation/approval of missed session)

Total Supervision Hours: _____

Supervisor's Signature: _____

Date: _____

Updated: 5/9/09