

LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND COUNSELING
 DEPARTMENT OF COUNSELING, THERAPY, AND SCHOOL PSYCHOLOGY
 MARRIAGE, COUPLE, AND FAMILY THERAPY PROGRAM

Monthly Verification Log
 (Submission NOT Required)

MONTH/YEAR: _____

Student Name: _____ *Signature:* _____ *Date:* _____

Site Supervisor: _____ *Signature:* _____ *Date:* _____

Secondary Site Supervisor: _____ *Signature:* _____ *Date:* _____

L&C CCC MCFT Supervisor: _____ *Signature:* _____ *Date:* _____

Instructions: Track time by 0.25 hour increments. Maintain monthly logs but submit the Semester Summary Log at the end of each semester. Keep a copy of this form for your own records.

CLIENT CONTACT HOURS	LC Hours/Month	Site Hours/Month	Secondary Site Hours/Month	Total Hours/Month	Total Cumulative Previous Log	Total Cumulative
Individual In-Person						
Relational In-Person						
Individual Telehealth						
Relational Telehealth						
Individual Group						
Relational Group						
TOTAL						

SUPERVISION	LC Hours/Month	Site Hours/Month	Secondary Site Hours/Month	Total Hours/Month	Total Cumulative Previous Log	Total Cumulative
Individual Supervision: Case Report						
Individual Supervision: Live, Video, Audio						
Group Supervision: Case Report						
Group Supervision: Live, Video, Audio						
TOTAL						

SUPERVISION RATIO	Total / Month	Total Cumulative
Total Supervision Hours		
Total Client Contact Hours		
TOTAL RATIO (Divide Supervision Hours by Client Contact hours)		

ADDITIONAL ACTIVITIES	Total Hours / Month	Total Cumulative Previous Log	Total Cumulative
Case Management			
Record Keeping			
Staff Meetings			
Workshops/Training			
Consultation			
Other (Specify)			

Additional activities are only required for students interested in pursuing the LPC track in Oregon. Other states may count additional activities/indirect hours as well.