REPLACES [Supervision Tracking/Grid Form](https://www.adta.org/assets/docs/Supervision-Tracking-Grid.pdf)

**BC-DMT SUPERVISION HOURS TRACKING FORM** (**do not submit with other application materials, for record-keeping only**)

Name Date

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INDIVIDUAL SUPERVISION (1:1)** | | | | | | | | | | | | | | | | | | | |
|  | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **TOTAL** |
| **ON SITE/LIVE OBSERVATION FORMAT** | | | | | | | | | | | | | | | | | | | |
| **Live-stream, video, in person** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OFF SITE FORMAT** | | | | | | | | | | | | | | | | | | | |
| **in person** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **virtual**  **(zoom, skype etc)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **non-visual**  **(phone, email etc)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **GROUP SUPERVISION** | | | | | | | | | | | | | | | | | | | |
|  | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **Date**  **Time** | **TOTAL** |
| **ON SITE/LIVE OBSERVATION FORMAT** | | | | | | | | | | | | | | | | | | | |
| **Live-stream, video, in person)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OFF SITE FORMAT** | | | | | | | | | | | | | | | | | | | |
| **Off-site - in person** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **off-site- virtual (zoom, skype etc)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other Off site- (phone, email etc)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supervisee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Revised 2023)