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## Clinical Hours Monthly Record

Your Name: \_\_\_\_\_

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### Overview of the Month:

### Primary Take-Away(s):

Consider one or two things that stood out for you this month with clients.

### Theory/Practice:

What theories have you used or ways you practiced with clients that connect to your above take-away(s)?

Describe a strength, weakness, opportunity and challenge this month:

### Evaluation:

How did supervision go?  
Anything you want or need?

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Rosanne Marmor, LCSW

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Supervision #s: \_\_\_\_\_

Month/Date: \_\_\_\_\_

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### Cases/Hours This Month:

Individual Cases Discussed: \_\_\_\_\_

Group Supervision Hours: \_\_\_\_\_

Total Work Hours: \_\_\_\_\_

Total Client Hours: \_\_\_\_\_

### Track Hours Below

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

### Note Ethical Considerations Below:

### Note Treatment Plan(s) Below:

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Date