

PREVENTION SUPERVISION LOG

Staff name:

Position:

Frequency of supervision (*weekly, biweekly, monthly*):

Date:

Time (*start to end time*):

<i>Please list notes from your supervision meeting below. You may adjust the categories on the left as they best fit your needs.</i>	
Program updates	●
Community engagement	●
Documentation	●
Self-care/Support needs	●
Professional development	●
Action steps/Follow up from previous meeting	●
Other	●
Next meeting	

Signature of supervisee

Date

Signature of prevention supervisor

Date

Name of prevention supervisor (*print*)