Appendix H

Individual Supervision Hours Log
**MISSOURI VALLEY COLLEGE**  
**COMMUNITY COUNSELING PROGRAM**  
Record of Individual Supervision Sessions

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Total Hours ______________________

I hereby attest that I have met individual with _______________________________(Practicum Student/Intern)

___________________________________   _______________________  
Supervisor’s Signature     Date

Please Note: If the practicum student/intern has more than one individual supervisor, each supervisor should prepare a separate record.