

R-DMT ALTERNATE ROUTE SUPERVISION HOURS TRACKING FORM (DO NOT SUBMIT THE FORM, KEEP IT FOR YOUR RECORDS)

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 FORMAT																		
Live-stream, video, in person																		
OFF SITE FORMAT																		
in person																		
virtual (zoom, skype etc)																		
non-visible (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 FORMAT																		
Live-stream, video, in person)																		
OFF SITE SUPERVISION																		
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 2024)