OCCUPATIONAL THERAPY - SUPERVISORY LOG

COTA/Provisional OT - Name _____   Facility _____

Month/Year _____   **1 Hr Supervision /40 Hrs Worked**

Date/ Time	Length of Supervision	Type of Supervision/Content Area	Subject Matter Reviewed	OTR Initials
		⊙ Clinical Observation ⊙ Direct Training ⊙ Patient Review ⊙ _____		
		⊙ Clinical Observation ⊙ Direct Training ⊙ Patient Review ⊙ _____		
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		⊙ Clinical Observation ⊙ Direct Training ⊙ Patient Review ⊙ _____		
		⊙ Clinical Observation ⊙ Direct Training ⊙ Patient Review ⊙ _____		

OTR Initials	Signature and date	OTR Initials	Signature and date