SECTION 5: RECORD OF SUPERVISED PLAY THERAPY PRACTICE HOURS (500 HOURS)

Date	# of hours &/ minutes	Activity	Client identifier	Notes	# of foundation training hours completed to date
		Activity			
		Activity			
		Activity			
		Activity			
		Activity			
		Activity			
		Activity			
		Activity			
		Activity			
		Activity			
		Activity			
		Activity			
		Activity			

Total Hours of Supervised Play Therapy Practice:	

Supervisor Signature _____ Date: _____