### Eastern Kentucky University Counselor Training Program

**Student Name**

**Host Organization**

**On-Site Supervisor**

**University Supervisor**

**Practicum/Internship**

**Weekly Log**

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<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
<th>WEEKLY Total</th>
<th>Previous Week</th>
<th>Cumulative Total</th>
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**DIRECT HOURS**

- Client(s)--Family
- Client(s)--Group
- Client(s)--Ind
- Classroom Guidance
- Consultation

**INDIRECT HOURS**

- Recordkeeping
- Ind. Site Supv.
- Staff Meetings
- Seminars/Workshops
- Group Supervision
- Other

**Daily Totals**

**Comments:**

Host Site Supervisor's Signature:

Date:
Practicum/Internship Indirect Hours Activity Log

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*Indirect Hours Include*: Duties and experiences that do not fall into the direct counseling category like staffing, charting, assessments, reviewing records, and observation.
**Direct Hours Include**: Face-to-face counseling time in a private setting with clients.
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**Supervision Hours Include:**
Individual, face to face, structured meetings (minimum of one hour a week) minimum.
Internship Summary Sheet for Counseling Activities Log

Name___________________________________  Date________________

Total Hours for

Direct Counseling __________
Indirect Counseling __________
Supervision __________
Total Hours __________

Comments:
__________________________________________________________________
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Field Supervisor Signature ________________________ Date _____________
Internship Student Signature _______________________Date ____________
EKU Instructor Signature _________________________ Date____________