

# HOURLY RECORDING FORM Self-Calculator

Name \_\_\_\_\_

Student ID \_\_\_\_\_

Semester \_\_\_\_\_

Name of Site \_\_\_\_\_

## **PRACTICUM Hours log**

Direct Counseling \_\_\_\_\_

Indirect Counseling \_\_\_\_\_

### ***Supervision***

Individual Supervision - Site Supervisor  
(Minimum 1 hour/week) \_\_\_\_\_

Group Supervision - University  
(Minimum 1.5 hours/week) \_\_\_\_\_

Individual or Triadic Supervision - University  
(Minimum 1 hour/week) \_\_\_\_\_

**Total:** \_\_\_\_\_

Please print and sign:

\_\_\_\_\_  
EKU Counseling Student in Training

\_\_\_\_\_  
On-site Supervisor

# HOURLY RECORDING FORM Self-Calculator

Name \_\_\_\_\_

Student ID \_\_\_\_\_

Semester \_\_\_\_\_

Name of Site \_\_\_\_\_

## **INTERNSHIP Hours Log**

Direct Counseling \_\_\_\_\_

Indirect Counseling \_\_\_\_\_

### ***Supervision***

Individual Supervision - Site Supervisor  
(Minimum 1 hour/week) \_\_\_\_\_

Group Supervision - University  
(Minimum 1.5 hours/week) \_\_\_\_\_

**Total:** \_\_\_\_\_

Please print and sign:

\_\_\_\_\_  
EKU Counseling Student in Training

\_\_\_\_\_  
On-site Supervisor