Clinical Mental Health Counseling and School Counselor Education Program

Practicum/Internship Summary Sheet and Counseling Activities Log

Calculate the total numbers of hours in the following categories:

Direct Counseling _____

Indirect Counseling _____

Supervision _____

Total Hours _____

Comments:

Field Supervisor Signature _____ Date_____

Student Signature _____ Date _____

EKU Instructor Signature _____ Date _____

Clinical Mental Health Counseling and School Counselor Education Program

Practicum/Internship Weekly Log

Student Name _____ Student ID #_____

Host Organization _____

On-Site Supervisor _____

University Supervisor _____

Report for the week of _____ 20 _____

Record the number of hours in the correct category each day worked.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Weekly Total	Cumulative Total
DATE									
DIRECT HOURS									
Client - Family									
Client - Group									
Client - Individual									
Classroom Guidance									
Consultation									
INDIRECT HOURS									
Record Keeping									
Ind. Site Supervision									
Staff Meetings									
Seminar/Workshop									
Group Supervision									
Other									
DAILY TOTAL HRS									

Comments: _____

_____

_____

_____

_____

Site Supervisor Signature _____ Date: _____

EKU

Practicum/Internship INDIRECT Hours Activity Log

Name: _____ Date: _____

Indirect Hours Include: Duties and experiences that do not fall into the **direct** counseling category. Example: staffing, charting, assessments, record review, and observation.

Date	Activity	Comments	Hours

EKU

Practicum/Internship DIRECT Hours Activity Log

Name: _____ Date: _____

Direct Hours Include: Face-to-Face counseling time in a private setting with clients.

Date	Activity	Comments	Hours

Internship SUPERVISION Hours Activity Log

Name: _____ Date: _____

Supervision Hours Include: Individual, face-to-face structured meetings, minimum of 1 hour/week

Date	Activity	Comments	Hours
		Supv'r Signature: _____	
		Supv'r Signature: _____	
		Supv'r Signature: _____	
		Supv'r Signature: _____	
		Supv'r Signature: _____	
		Supv'r Signature: _____	
		Supv'r Signature: _____	