

**Columbus State University Counseling Programs
PRACTICUM & INTERNSHIP WEEKLY LOGS**

Student:

Month/Year:

Training Site:

Instructions: Insert the number of hours in each column for the week. **Round hours to the nearest half hour.**

Table 1	Week 1	Week 2	Week 3	Week 4	Week 5	5-Week Totals
15-WEEK Practicum & Internships	From: <input type="text"/>					
	To: <input type="text"/>					
DIRECT HOURS (see pg.9) :						
Intake/ Assessments						
Case Consultation (not Supervision)						
Individual						
Group						
Couple/Family						
Direct Participation in CL related activities						
*Other Direct Client Contact (include Counseling Observation if 10 hours or less)						
Direct Contact Totals						

Table 2

INDIRECT HOURS (see pg.9):						
*Counseling Observation (if 10 hours or more)						
Group Supervision (Site)						
Orientation/Training						
Case Notes						
Case Management						
Creating Activities for CL						
Support Services/Meetings						
Research/Tx Planning						
University Supervision/Class						

Weekly Individual Site Supervision						
Indirect Totals						
Site Supervisor Weekly Supervision Initials/Date	Initials: _____ Date: __/__/					
Weekly Totals →						

(*Students may only count 10 Observations Hours as Direct Client Hours over the entire training period)

Monthly Totals Summary

Individual Client Hours	
Direct Contact Hours	
Total Clock Hours	

By signing below, I attest to the accuracy of the accrued hours:

_____	_____
Student Signature	Date
_____	_____
Site Supervisor Signature	Date
_____	_____
University Supervisor Signature	Date

Table 1	Week 6 From:	Week 7 From:	Week 8 From:	Week 9 From:	Week 10 From:	5-Week Totals
15-WEEK Practicum & Internships	<input type="text"/>					
DIRECT HOURS (see pg.9) :	To: <input type="text"/>					
Intake / Assessments						
Case Consultation (not Supervision)						
Individual						
Group						
Couple/Family						
Direct Participation in CL related activities						
*Other Direct Client Contact (include Counseling Observation if 10 hours or less)						
Direct Contact Totals						

Table 2

INDIRECT HOURS (see pg.9):						
*Counseling Observation (if 10 hours or more)						
Group Supervision (Site)						
Orientation/Training						
Case Notes						
Case Management						
Creating Activities for CL						
Support Services/Meetings						
Research/Tx Planning						
University Supervision/Class						
Weekly Individual Site Supervision						
Indirect Totals						
Site Supervisor Weekly Supervision Initials/Date	Initials: _____ Date: __/__/					
Weekly Totals →						

(*Students may only count 10 Observations Hours as Direct Client Hours over the entire training period)

Monthly Totals Summary hours:

By signing below, I attest to the accuracy of the accrued

Direct Client Contact Hours	
Individual Contact Hours	
Total Clock Hours	

_____	_____
Student Signature	Date
_____	_____
Site Supervisor Signature	Date
_____	_____
University Supervisor Signature	Date

Table 1	Week 11	Week 12	Week 13	Week 14	Week 15	5-Week Totals
15-WEEK Practicum & Internships	From: <input type="text"/>					
DIRECT HOURS (see pg.9) :	To: <input type="text"/>					
Intake / Assessments						
Case Consultation (not Supervision)						
Individual						
Group						
Couple/Family						
Direct Participation in CL related activities						
Other Direct Client Contact (include Counseling Observation if less than 10						
Direct Contact Totals						

Table 2

INDIRECT HOURS (see pg.9):						
*Counseling Observation (if 10 hours or more)						
Group Supervision (Site)						
Orientation/Training						
Case Notes						
Case Management						
Creating Activities for CL						
Support Services/Meetings						
Research/Tx Planning						
University Supervision/Class						
Weekly Individual Site Supervision						
Indirect Totals						
Site Supervisor Weekly Supervision Initials/Date	Initials: _____ Date: __/__/					
Weekly Totals →						

(*Students may only count 10 Observations Hours as Direct Client Hours over the entire training period)

End of Semester Total Hours: _____ **By signing below, I attest to the accuracy of the accrued hours:**

Total Direct Client Contact Hours:	
Total Individual Contact Hours:	
Total Semester Clock Hours:	

_____	_____
Student Signature	Date
_____	_____
Site Supervisor Signature	Date
_____	_____
University Supervisor Signature	Date