



Department of Counselor Education and Family Therapy

PROFESSIONAL COUNSELING PRACTICUM / INTERNSHIP SERVICE HOURS LOG

Current Month Date Range:	From ____/____/____	To ____/____/____			
Practicum / Internship Site:					
Student Name & Signature:					
Site Supervisor Name & Signature:					
DIRECT SERVICE HOURS	Week 1	Week 2	Week 3	Week 4	TOTAL
Intake or Initial Diagnostic Evaluation					
Individual Counseling/Psychotherapy					
Group Counseling					
Testing & Evaluation					
Other Individual Work (specify)					
Couple/Family Assessment					
Group Counseling with Couples/Families					
Couple/Marriage/Family Counseling					
Consultation with a Family Member					
Other Couple/Family Work (specify)					
TOTAL DIRECT HOURS (per week)					
INDIRECT SERVICE HOURS	Week 1	Week 2	Week 3	Week 4	TOTAL
Individual Supervision (on-site or university)					
Group Supervision (on-site or university)					
Preparing for Sessions					
Preparing Records/Writing Notes/Reports					
Receiving Consultation					
Case Conferences/Staff Activities/Trainings					
Reviewing Recorded Counseling Sessions					
Other Indirect Service Activities (specify)					
TOTAL INDIRECT HOURS (per week)					
CUMULATIVE HOURS					
DIRECT HOURS (current month)		DIRECT HOURS (total obtained in course to date)			
INDIRECT HOURS (current month)		INDIRECT HOURS (total obtained in course to date)			
TOTAL HOURS (current month)		TOTAL HOURS (total obtained in course to date)			

IDENTIFY COURSE: CNSL 503 (practicum)
 CNSL 594 (internship)