

Practicum Hours Log

Practicum Student's Name: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Activity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Grand Total
Intake / Assessment																	
Individual Counseling																	
Group Counseling																	
Family Counseling																	
Classroom Guidance																	
Other																	
<b>Total Direct Contact</b>																	
Supervision																	
Prac/Intern class																	
Consultation																	
Test administration																	
Other activities																	
<b>Total Indirect Contact</b>																	
<b>Supervisor's Initials</b>																	

Site Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_