SYRACUSE UNIVERSITY
Counseling and Human Services

CLINICAL EXPERIENCE SEMESTER SUMMARY FORM

Student's name:__________________________________________________  Date:______________

Name of site:_________________________________________________  Semester/Year _________

Site supervisor:_______________________________________  Course Instructor _______________

Activity reported represents (check one):  ☐  Practicum  ☐  Internship (6 credit)
☐  Internship (3 credit)

Activity supports the following track (check one):  ☐  CMH  ☐  SA
☐  School

HOURS

Individual counseling hours:  ________

Group counseling hours:  ________

Other direct service hours
(including family counseling, educational interventions, consultation, etc.)  ________

TOTAL DIRECT SERVICE HOURS:  ________

Individual supervision hours:  ________

Group supervision hours:  ________

TOTAL SUPERVISION HOURS:  ________

TOTAL NONDIRECT HOURS:  ________

TOTAL PRACTICUM/INTERNSHIP HOURS FOR THIS SEMESTER:  ________

___________________________________  _________________________
Signature: Student  Signature: Course Instructor

Revised 07/10 SKP