

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