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