

SYRACUSE UNIVERSITY
Counseling and Human Services
COUNSELOR EDUCATION AND SUPERVISION
DOCTORAL INTERNSHIP – CLINICAL ACTIVITY LOG

NAME:

SEMESTER:

<u>Activity</u>	<u>Month:</u>	<u>Month:</u>	<u>Month:</u>	<u>Month:</u>	<u>Month:</u>	<u>TOTAL</u>	
Individual/ family counseling							
Group counseling/work							
Conjoint sessions							
Consultation							
Peer review (tapes / consultation)							
Instructional/ preventive interventions							
TOTAL DIRECT SERVICE							
Staff meetings							
Report writing / listening to tape							
Professional development (comment below)							
Other activities (comment below)							
TOTAL INDIRECT SERVICE							
Individual / triadic supervision							
Group supervision							
TOTAL SUPERVISION							
TOTAL NUMBER OF HOURS							

Comments:

Signature(s) of supervisor(s): _____

Date: _____

Date: _____