

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

NAME:

WEEK:

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

Comments:

Signature(s) of supervisor(s): _____

Date: _____

Date: _____