

COUNSELING AND HUMAN SERVICES
Syracuse University

INTERNSHIP CLINICAL EXPERIENCES ACTIVITY LOG

Name: _____ Week of: _____

	Number of sessions	Number of hours	Semester Total
1. Individual counseling	_____	_____	_____
2. Group work	_____	_____	_____
Other client-focused intervention activities			
3. Family/Couple counseling	_____	_____	_____
4. Consultation	_____	_____	_____
5. Educational activities (Classroom, Preventative workshops, etc.)	_____	_____	_____
6. Other: _____	_____	_____	_____
Direct WEEKLY Total _____	Direct SEMESTER running total _____		
7. Contact with clients other than counseling	_____	_____	_____
8. Staff meetings	_____	_____	_____
9. Observation: _____	_____	_____	_____
10. Report writing, listening to tapes, prep other administrative duties	_____	_____	_____
11. Professional development (explain)	_____	_____	_____
12. Other: _____	_____	_____	_____
Non-direct WEEKLY Total _____	Non-direct SEMESTER running total _____		
13. Individual supervision	_____	_____	_____
14. Group supervision on campus	_____	_____	_____
Supervision WEEKLY Total _____	Supervision SEMESTER running total _____		
WEEKLY TOTAL HOURS _____	RUNNING TOTAL HOURS _____		
Field Supervisor Signature _____ Date _____			