# PRACTICUM CLINICAL EXPERIENCES ACTIVITY LOG

| Name: ________________________________ | Week of: ____________________________ |

<table>
<thead>
<tr>
<th>Number of sessions</th>
<th>Number of hours</th>
<th>Semester Total</th>
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</table>

1. Individual counseling
   - Number of sessions: ___
   - Number of hours: ___
   - Semester Total: ___

2. Group work
   - Number of sessions: ___
   - Number of hours: ___
   - Semester Total: ___

### Direct WEEKLY Total: __________

### Direct SEMESTER running total: __________

3. Contact with clients other than counseling
   - Number of sessions: ___
   - Number of hours: ___
   - Semester Total: ___

4. Staff meetings
   - Number of sessions: ___
   - Number of hours: ___
   - Semester Total: ___

5. Observation:
   - Number of sessions: ___
   - Number of hours: ___
   - Semester Total: ___

6. Report writing, listening to tapes, prep other administrative duties
   - Number of sessions: ___
   - Number of hours: ___
   - Semester Total: ___

7. Professional development (explain)
   - Number of sessions: ___
   - Number of hours: ___
   - Semester Total: ___

8. Other:
   - Number of sessions: ___
   - Number of hours: ___
   - Semester Total: ___

### Non-direct WEEKLY Total: __________

### Non-direct SEMESTER running total: __________

9. Individual supervision
   - Number of sessions: ___
   - Number of hours: ___
   - Semester Total: ___

10. Group supervision on campus
    - Number of sessions: ___
    - Number of hours: ___
    - Semester Total: ___

### Supervision WEEKLY Total: __________

### Supervision SEMESTER running total: __________

### WEEKLY TOTAL HOURS: __________

### RUNNING TOTAL HOURS: __________

Field Supervisor Signature: ____________________________  Date: ____________________________

Any comments or activity elaborations can be written on back of this form → →