

Internship Clinical Experiences Activity Log

Name: _____ Week of: _____

Direct Activity	Number of Sessions	Number of Hours	Semester Total
1. Individual Counseling	_____	_____	_____
2. Group Work <i>* maximum 10hrs in practicum only</i>	_____	_____	_____
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: _____

Non-direct Activity	Number of Sessions	Number of Hours	Semester Total
7. Contact with clients other than counseling	_____	_____	_____
8. Staff Meetings	_____	_____	_____
9. Observation: _____	_____	_____	_____
10. Report writing, listening to tapes, other administrative duties	_____	_____	_____
11. Professional Development (explain): _____	_____	_____	_____
12. Other: _____	_____	_____	_____

Non-direct Weekly Total: _____

Non-direct Semester Running Total: _____

Non-direct Activity	Number of Sessions	Number of Hours	Semester Total
13. Individual Supervision	_____	_____	_____
14. Group Supervision on Campus	_____	_____	_____

Supervision Weekly Total: _____

Supervision Semester Running Total: _____

WEEKLY TOTAL HOURS: _____

SEMESTER RUNNING TOTAL HOURS: _____

Field Supervisor Signature: _____ Date: _____
(any comments or activity elaborations can be written on the back of this form)