

Practicum 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>	_____	_____	_____
3. Classroom Guidance (SC students) <i>* maximum 5hrs in practicum only</i>	_____	_____	_____
Direct Weekly Total: _____	Direct Semester Running Total: _____		

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

Non-direct Activity	Number of Sessions	Number of Hours	Semester Total
10. Individual Supervision	_____	_____	_____
11. 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)