

COMMUNITY/AGENCY COUNSELING MONTHLY LOG

Directions: Please check only one

Counseling Practicum
 Internship I
 Internship II
 Combined Internship

Student's Name _____ Month _____ Year _____

I. HOURS OF DIRECT PROFESSIONAL SERVICE

ACTIVITIES	WEEK 1 from: to:	WEEK 2 from: to:	WEEK 3 from: to:	WEEK 4 From: To:	MONTHLY TOTALS
Intakes/Assessments					
Individual Counseling					
Group Counseling					
Family Counseling					
Consulting/Intervention					
Career Counseling					
Crisis Intervention					
In-Home Services					
Case Management (Direct Service)					
Other _____ Clinical _____ Work: _____					
TOTAL					

II. HOURS OF EDUCATIONAL ACTIVITIES – INDIRECT

Case Conference/Staffing					
Individual Supervision					
In-Services					
Consultation					
Staff Meetings					
University Supervision					
Other: _____					
TOTAL					

On-Site Supervisor's Signature

Student's Signature

University Supervisor's signature