

SCHOOL 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
Individual Counseling					
Small Group Counseling					
Large Group Counseling					
Classroom Guidance					
Consulting					
Career Counseling					
Educational Planning					
Crisis Intervention					
Total Hours					

II. HOURS OF EDUCATIONAL ACTIVITIES

IEP Conferences					
Individual Supervision (meeting with on-site supervisor)					
Group/Video Supervision (meeting with university)					
Staff Meetings					
Peer Group					
Related Professional Conferences					
Off-Campus Educational Event Title:					
Other:					
Total Hours					

University Supervisor's Signature

On-Site Supervisor's Signature

Student's Signature