**MENTAL HEALTH COUNSELING – REHABILITATION - MONTHLY LOG**

Please check only one**:** [ ]  Practicum [ ]  Internship I [ ]  Internship II

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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:** | **WEEK 5****from:****to:** | **MONTHLY****TOTALS** |

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| Intake Interview |       |       |       |       |       |       |
| Individual Counseling |       |       |       |       |       |       |
| Group Counseling |       |       |       |       |       |       |
| Family Counseling |       |       |       |       |       |       |
| Consulting / Intervention |       |       |       |       |       |       |
| Job Development & Placement / Job Analysis |       |       |       |       |       |       |
| Career Counseling |       |       |       |       |       |       |
| \Crisis Intervention |       |       |       |       |       |       |
| Service Coordination / Advocacy Services |       |       |       |       |       |       |
| Case Management and Service Planning |       |       |       |       |       |       |
| Other Clinical Work (Describe)       |       |       |       |       |       |       |
| **TOTALS** |       |       |       |       |       |       |

**II. HOURS OF EDUCATIONAL ACTIVITIES – INDIRECT**

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| Interdisciplinary Case Conference |       |       |       |       |       |       |
| Individual/Triadic Supervision |       |       |       |       |       |       |
| Live Observation/Supervision or Tape Review |       |       |       |       |       |       |
| Consultation |       |       |       |       |       |       |
| Staff Meetings |       |       |       |       |       |       |
| Report Writing |       |       |       |       |       |       |
| Consumer Research Activities (Consumer Background Preparation) |       |       |       |       |       |       |
| Professional / Educational Event Title:       |       |       |       |       |       |       |
| Other:       |       |       |       |       |       |       |
| **TOTALS** |       |       |       |       |       |       |

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| On-Site Supervisor Signature |  | Student Signature |  | University Supervisor Signature |