***Directions:*** Please check only **one** Course and **one** Program

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| ***Course*** | ***Program*** |
| Practicum | Mental Health Counseling - Clinical |
| Internship I | Mental Health Counseling - Rehabilitation |
| Internship II | School Counseling |
|  | PhD RCRCE |

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| Student Name: |  | Site: |  |

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| **Date** | | **Activity** | | **Description of Activity** | | | | **Indirect**  **Hours** | **Direct**  **Hours** |
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| **Weekly Totals** | | | | | | | |  |  |
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| **Cumulative Indirect Hours** | |  | | **Cumulative Direct Hours** |  | **Cumulative Total Hours** |  | |

Signature of Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_