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

|  |  |
| --- | --- |
| ***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** |  |  |
|  |
| **Cumulative Indirect Hours** |  | **Cumulative Direct Hours** |  | **Cumulative Total Hours** |  |

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

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