**SCHOOL COUNSELING - 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** |
| Individual Counseling |  |  |  |  |  |  |
| Small Group Counseling |  |  |  |  |  |  |
| Large Group Counseling |  |  |  |  |  |  |
| Classroom Guidance |  |  |  |  |  |  |
| Consulting |  |  |  |  |  |  |
| \  Career Counseling |  |  |  |  |  |  |
| Educational Planning |  |  |  |  |  |  |
| Crisis Intervention |  |  |  |  |  |  |
| Other Work: (Describe) |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| IEP Conferences |  |  |  |  |  |  |
| Individual/Triadic Supervision |  |  |  |  |  |  |
| Live Observation/Supervision or Tape Review |  |  |  |  |  |  |
| Staff Meetings |  |  |  |  |  |  |
| Peer Group |  |  |  |  |  |  |
| Related Professional Conferences |  |  |  |  |  |  |
| Off Campus Educational Event  Title: |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |

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