

**Master of Arts in Counseling  
Professional Practice Form  
Internship Hours Tracking Form and Weekly Log**

**Student Name:** \_\_\_\_\_ **Week Ending:** \_\_\_\_\_

*To be filled in by Student*

ACTIVITY	DATE & HOURS							TOTAL
	Sun	Mon	Tues	Wed	Thur	Fri	Sat	
<b>Direct Hours</b>								
<b>Individual Hours</b>								
Counseling/Psychoeducational Group								
Couples and/or Family Counseling								
Substance Abuse - Specific								
<b>Total Direct Hours</b>								
<b>Indirect Hours</b>								
Individual Site Supervision								
Site Group Supervision								
EMU Group Supervision								
Program Planning								
Consultation								
Interdisciplinary Team Meetings								
Interdisciplinary Consultation								
Conferences Attended								
Workshops Conducted								
Administrative Responsibilities								
Other								
<b>Total - Indirect Hours:</b>								
<b>Direct &amp; Indirect Hours:</b>								

Running Total

Previous Week Direct Total        +        Direct Hours for Week =   

Previous Week Indirect Total        +        Indirect Hours for Week =   

Student Signature: \_\_\_\_\_

*To be completed by site supervisor (check all that apply):*

- Met for one hour of supervision this week
- Reviewed cases
- Reviewed a tape
- Student takes initiative and utilizes supervision in a professional manner
- Student is progressing adequately
  - Same as last week
  - New area/insight (please comment): \_\_\_\_\_
  
- Student needs supervision on growth areas:
  - Same as last week
  - New area/insight (please comment): \_\_\_\_\_

\_\_\_\_\_  
Individual Site Supervisor Signature

\_\_\_\_\_  
Date