

## *Master of Arts in Counseling Professional Practice Form*

### INTERNSHIP Hours Summary Form

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

Site: \_\_\_\_\_

Activity	Summer ____	Fall ____	Spring ____	GRAND TOTAL
<b>FACE TO FACE CLIENT CONTACT HOURS</b>	<b># hours</b>	<b># hours</b>	<b># hours</b>	
<b>Individual Hours</b>				
Coordinated Care - Individual Hours				
Co-located Care - Individual Hours				
Integrated Care - Individual Hours				
<b>Counseling/Psychoeducational Group</b>				
Coordinated Care - Group Hours				
Co-located Care - Group Hours				
Integrated Care - Group Hours				
<b>Couples and/or Family Counseling</b>				
<b>Substance Abuse - Specific</b>				
<b>Total Face To Face Client Contact Hours:</b>				

INDIRECT SERVICE HOURS	Summer ____	Fall ____	Spring ____	
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 Service Hours:</b>				

<b>SEMESTER TOTAL HOURS</b> (Direct + Indirect)				
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SEMESTER TOTAL HOURS	<u>Summer</u>	<u>Fall</u>	<u>Spring</u>
Site Supervisor Verification ( <b>Please initial</b> ):			
Faculty Supervisor Verification ( <b>Please initial</b> ):			

\*Please sign below to verify the grand total of internship hours at the end of internship\*

Sign End of Internship

<b>Site Supervisor – Sign and Date</b>	
<b>Faculty Supervisor – Sign and Date</b>	