

Master of Arts in Counseling

Professional Practice Internship Hours Summary Form

Student: _____

Site: _____

<i>Internship Activities</i>	<i># hours</i>	<i># hours</i>	<i># hours</i>	
DIRECT CONTACT HOURS	Summer 20 ____	Fall 20 ____	Spring 20 ____	Totals
Individual				
Counseling/Psychoeducational Group				
Couples and/or Family Counseling				
Substance Abuse Counseling				
TOTAL Direct Contact Hours				
INDIRECT CONTACT HOURS	Summer 20 ____	Fall 20 ____	Spring 20 ____	Totals
Site Supervision - Individual				
Site Supervision - Group				
EMU Group Supervision				
Program Planning				
Consultation				
Interdisciplinary Team Meetings				
Interdisciplinary Consultation				
Conferences Attended				
Workshops/Outreach Conducted				
Administrative Responsibilities				
Other				
TOTAL Indirect Contact Hours				
INTERNSHIP TOTALS BY SEMESTER (direct + indirect)				
Site Supervisor Verification				
Faculty Supervisor Verification				

Internship Grand Total	
Site Supervisor - Sign & Date	
Faculty Supervisor - Sign & Date	