

**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

DATE & HOURS

ACTIVITY	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL
	Direct Hours							
Individual Hours								
Counseling/Psychoeducational Group								
Couples and/or Family Counseling								
Substance Abuse - Specific								
Total Direct Hours								
Indirect Hours								
Individual or Triadic Site Supervision								
Site Group (3+) Supervision								
EMU Group Supervision								
Program Planning								
Consultation								
Interdisciplinary Team Meetings								
Interdisciplinary Consultation								
Conferences Attended								
Workshops Conducted								
Administrative Responsibilities								
Other								
Total - Indirect Hours:								
Direct & Indirect Hours:								

Running Total

Previous Week Direct Total	<input type="text"/>	plus	<input type="text" value="0.00"/>	Direct Hours for Week =	<input type="text"/>
Previous Week Indirect Total	<input type="text"/>	plus	<input type="text" value="0.00"/>	Indirect Hours for Week =	<input type="text"/>

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