

**Master of Arts in Counseling
Professional Practice Form
Practicum 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 Site Supervision								
Site Group 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:								

Previous Week Direct Total i Direct Hours for Week =
 Previous Week Indirect Total i Indirect Hours for Week =

Running Total

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

Updated 3/2022

Office Use Only
Individual Hours
Coordinated Care - Individual Hours
Co-located Care - Individual Hours
Integrated Care - Individual Hours
Counseling/Psychoeducational Group
Coordinated Care - Group Hours
Co-located Care - Group Hours
Integrated Care - Group Hours
Couples and/or Family Counseling
Substance Abuse - Specific