

Master of Arts in Counseling
Professional Practice Practicum Hours Summary Form

Student: _____

Site: _____

Activity	Spring ____
DIRECT CONTACT HOURS	# hours
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	
Total Direct Contact Hours:	

INDIRECT SERVICE HOURS	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	
Total Indirect Service Hours:	

GRAND TOTAL OF ALL PRACTICUM HOURS (direct + indirect): _____

Site Supervisor – Sign and Date	
Faculty Supervisor – Sign and Date	