

Master of Arts in Counseling
Professional Practice Practicum Hours Summary Form

Student: _____

Site: _____

<i>Practicum Activities</i>	<i># hours</i>
DIRECT CONTACT HOURS	Spring 20____
Individual	
Counseling/Psychoeducational Group	
Couples and/or Family Counseling	
Substance Abuse Counseling	
TOTAL Direct Contact Hours	
INDIRECT CONTACT HOURS	Spring 20____
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	
PRACTICUM GRAND TOTAL (direct + indirect)	

Site Supervisor - Sign & Date	
Faculty Supervisor - Sign & Date	