

**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
Face to Face Client Hours								
Individual Hours								
Coordinated Care - Individual Hours								
Co-located Care - Individual Hours								
Integrated Care - Individual Hours								
Counseling/Pschoeducational Group								
Coordinated Care - Group Hours								
Co-located Care - Group Hours								
Integrated Care - Group Hours								
Couples and/or Family Counseling								
Substance Abuse - Specific								
<i>Total Face to Face Client Hours</i>								
Indirect Hours								
Individual Supervision								
Group Supervision								
Program Planning								
Consultation								
Interdisciplinary Team Meetings								
Interdisciplinary Consultation								
Conferences Attended								
Workshops Conducted								
Administrative Responsibilities								
Other								
<i>Total - Indirect Hours:</i>								
Face to Face & Indirect Hours:								

Running Total

Previous Week Face to Face Total + Face to Face Hours for Week =
 Previous Week Indirect Total + Indirect Hours for Week =

Student Signature: _____

Met for one hour of face to face 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 _____