

**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 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 _____