

# PACIFICA GRADUATE INSTITUTE

## PRE-2017 QUARTERLY PRACTICUM LOG

Please fill in completely and type or print legibly.

TRACK:  MA-L  MA-W  MA-C  MA-D

Student: \_\_\_\_\_ Site: \_\_\_\_\_ Quarter: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

*Please use a separate log for each site and supervisor.*

Summary of hours of experience  
for the **WEEK** of:  
(enter date vertically)



**Hours of Direct Service Performed**

														<b>TOTAL HOURS</b>
Individual Psychotherapy - Adults 18 or older														
Couples, Families, and Children														
<ul style="list-style-type: none"> <li>• Conjoint couples &amp; families incentive (max. 150 actual hours) ***</li> </ul>	total	hours	across	do	not	total	hours	down	do	not	total	hours	down	do
Group Therapy														
Telehealth Counseling														
<b>Total Hours Direct Services Performed</b>														

**Hours of Supervision Received**

Individual Supervision ( <i>record whole hours only</i> )														
Group Supervision ( <i>increments of 2 hrs only; 2 or 4</i> )														
<b>Total Hours of Supervision</b> ( <i>Max 6 hrs per week</i> )														

**Client Centered Advocacy (CCA)**

<b>Workshops, Seminars and Training Sessions</b>														

**Writing Clinical Reports, Process Notes;**

<b>Administering Psychological Tests</b>														
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**TOTAL OVERALL HOURS OF EXPERIENCE PER WEEK**

<p><b><u>Supervisor's Signature Required Weekly AND under Total Hours column.</u></b></p> <div style="text-align: right; margin-right: 50px;"> </div> <p>_____ Supervisor's Printed Name      Date</p> <p>_____ License Number</p>														

**PLEASE RETURN A COPY OF THE LOG TO: MA COUNSELING PRACTICUM OFFICE, 249 LAMBERT RD, CARPINTERIA, CA 93013**  
 \*\*\*NOTE: THE CONJOINT INCENTIVES LINE IS FOR RECORDING PURPOSES ONLY. DO NOT TOTAL THESE HOURS VERTICALLY. \*\*\*  
 \*THE PRACTICUM OFFICE ONLY ACCEPTS PACIFICA LOGS WHICH ARE BBS APPROVED AND PREFERRED