



PACIFICA GRADUATE INSTITUTE
Weekly Summary of Hours of Experience

TRACK: MA-C MA-D MA-V MA-W

Name of Trainee/Student: Last		First			Middle			
Supervisor Name		License number		Date enrolled in graduate degree program				
Name of Work Setting (use a separate log for each)				Address of Work Setting				
YEAR _____	WEEK OF:							Total Hours
A. Direct Counseling with Individuals, Groups, Couples or Families								
<i>A1. Diagnosis and Treatment of Couples, Families, Children*</i>								
B. Non-Clinical Experience**								
<i>B1. Supervision, Individual and/or Triadic*</i>								
<i>B2. Supervision, Group*</i>								
C. Total Hours Per Week (A + B = C) (Maximum 40 hours / week)								
Supervisor Signature								

* Line A1 is a sub-category of "A" and Lines B1 and B2 are subcategories of "B." When totaling weekly hours do NOT include the subcategories - use the formula found in box "C."

**Non-Clinical Experience includes: Supervision, psychological testing, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions or conferences.

PLEASE RETURN A COPY OF THE LOG TO: MA COUNSELING PRACTICUM OFFICE, 249 LAMBERT RD, CARPINTERIA, CA 93013