



**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					
<b>YEAR</b> _____	<b>WEEK OF:</b>							<b>Total Hours</b>
<b>A. Direct Counseling with Individuals, Groups, Couples or Families</b>								
<i>A1. Diagnosis and Treatment of Couples, Families, Children*</i>								
<b>B. Non-Clinical Experience**</b>								
<i>B1. Supervision, Individual and/or Triadic*</i>								
<i>B2. Supervision, Group*</i>								
<b>C. Total Hours Per Week</b> (A + B = C) (Maximum 40 hours / week)								
<b>Supervisor Signature</b>								

\* 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