



Student: _____

Site: _____

Supervisor: _____

Please complete one Practicum Hourly Log per month and submit all Logs with your bi-annual evaluations.

| Month/Year: _____ | | Week ____: <small>Month/Day - Month/Day</small> | Week 1: ____ - ____ | Week 2: ____ - ____ | Week 3: ____ - ____ | Week 4: ____ - ____ | Week 5: ____ - ____ | Totals |
|---------------------------|--|--|------------------------|------------------------|------------------------|------------------------|------------------------|--------|
| Intervention | Individual Therapy | Older Adults 65+ | | | | | | |
| | | Adults 18-64 | | | | | | |
| | | Adolescents 13-17 | | | | | | |
| | | School Age 6-12 | | | | | | |
| | | Pre-School Age 3-5 | | | | | | |
| | | Infants/Toddlers 0-2 | | | | | | |
| | Career Counseling | Adults | | | | | | |
| | | Adolescents (13-17) | | | | | | |
| | | | | | | | | |
| | Group Counseling | Adults | | | | | | |
| | | Adolescents (13-17) | | | | | | |
| | | Children (12 and under) | | | | | | |
| | | Family Therapy | | | | | | |
| | Couples Therapy | | | | | | | |
| | School Counseling | | | | | | | |
| | Intake Interview | | | | | | | |
| | Milieu Therapy | | | | | | | |
| Assessment | Psychodiagnostic Test Administration | | | | | | | |
| | Neuropsychological Assessment | | | | | | | |
| Supervision | Face to Face Individual with Primary | | | | | | | |
| | Face to Face Individual with Delegated | | | | | | | |
| | Group Supervision with Primary | | | | | | | |
| | Group Supervision with Delegated | | | | | | | |
| Support Activities | Program Development | | | | | | | |
| | Consultation | | | | | | | |
| | Outreach | | | | | | | |
| | Program Evaluation | | | | | | | |
| | Administrative | | | | | | | |
| | Research | | | | | | | |
| | Training | | | | | | | |
| Report Writing | | | | | | | | |
| Totals: | | | | | | | | |

I attest that the trainee has completed the above hours under my supervision.

STUDENT: Have you verified that the hours on this form are accurate with correct calculations across each category and week? YES NO (Please Circle)

Primary Supervisor's Signature Date