

**Department Of Counselor Education
Practicum/Internship Summary of Hours
Community Counseling
Family Counseling**

Student Name _____ Date _____

Name of Site _____ Semester & Year _____

Site Supervisor _____ University Supervisor _____

	Practicum	Internship I	Internship II	TOTAL
DIRECT SERVICE HOURS				
1. Individual Counseling	_____	_____	_____	_____
2. Group Counseling	_____	_____	_____	_____
3. Family Counseling	_____	_____	_____	_____
TOTAL DIRECT HOURS	_____	_____	_____	_____
SUPERVISION				
1. Individual	_____	_____	_____	_____
Site Supervisor	_____	_____	_____	_____
University Supervisor	_____	_____	_____	_____
TOTAL SUPERVISOR HOURS	_____	_____	_____	_____
INDIRECT SERVICE				
Professional development, meetings, report writing and administrative duties.	_____	_____	_____	_____
TOTAL INDIRECT HOURS	_____	_____	_____	_____
TOTAL OF ALL HOURS	_____	_____	_____	_____

Students will submit two copies of this form at the end of each semester. One copy will be placed in the student's file. It is recommended that the student retain a copy.