

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

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Site \_\_\_\_\_ Semester & Year \_\_\_\_\_

Site Supervisor \_\_\_\_\_ University Supervisor \_\_\_\_\_

	<b>Practicum</b>	<b>Internship I</b>	<b>Internship II</b>	<b>TOTAL</b>
<b><u>DIRECT SERVICE HOURS</u></b>				
1. Individual Counseling	_____	_____	_____	_____
2. Group Counseling	_____	_____	_____	_____
3. Consulting	_____	_____	_____	_____
<b>TOTAL DIRECT HOURS</b>	_____	_____	_____	_____
<b><u>INDIRECT SERVICE</u></b>				
1. Coordinating	_____	_____	_____	_____
2. Appraisal	_____	_____	_____	_____
3. Professional Development	_____	_____	_____	_____
4. Supervision	_____	_____	_____	_____
5. University Seminar	_____	_____	_____	_____
<b>TOTAL INDIRECT HOURS</b>	_____	_____	_____	_____
<b>TOTAL DIRECT + TOTAL INDIRECT</b>	_____			

Students will submit 2 copies (one for university supervisor and one for student file) at the end of each semester. Retain copy for self.