



**Documentation of Clinical Hours – Community and School Counseling**

Instructions: Keep a narrative log of your activities. Every week, enter your direct and indirect hours onto this form and have your site supervisor initial it. At the end of the semester, total all hours and have your supervisor sign the bottom of the form. Give this form to your professor and **save a copy** for your records.

STUDENT INFORMATION		
Student Name:	Banner ID:	
Street Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email:
Period:		
CLINICAL SITE INFORMATION		
Practicum/Internship Site Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Fax:	Specialization:
Website Address:		
Does this site allow students to audio or videotape for the purpose of supervision?    Yes    No		
Executive Director/Principal:		Phone:
SITE SUPERVISOR INFORMATION		
Site Supervisor Name:		Title:
Phone Number:		
Email:		
Day /Time of Scheduled Supervision (Individual or Triadic—One hour per week):		

<b>GENERAL ACTIVITY LOG</b>									
Dates (By Week)	Weekly Client Contact Hours <b>(Direct)</b>		Administrative Hours <b>(Indirect)</b>	Supervision Hours <b>(Indirect)</b>			Total Hours	Validation	
	Individual	Group	Administrative	Site (Ind. or Triadic)	University (Ind. or Triadic)	Group (Class Time)		Student Initials	Site Supervisor's Initials
<b>Column Totals</b>									
<b>ACTIVITY SUMMARY</b>									
Total <b>Direct</b> Hours: _____			Total Admin. <b>(Indirect)</b> Hours: _____	Total Supervision <b>(Indirect)</b> Hours: _____			Total Hours: _____		
<b>SIGNATURES</b>									
Student Signature			Printed Name				Date		
Site Supervisor Signature			Printed Name				Date		