

Monthly Log of Professional Service at Site

Counselor In Training _____ Month _____ Year _____

I. HOURS OF PROFESSIONAL SERVICE

ACTIVITIES	WEEK 1 from: to:	WEEK 2 from: to:	WEEK 3 from: to:	WEEK 4 From: To:	MONTHLY TOTALS
Intake Interview					
Individual Counseling					
Group Counseling					
Couple Counseling					
Family Counseling					
Consulting/Intervention					
Career Counseling					
Conjoint Counseling					
Professional/Educational Presentations					
Report Writing					
Crisis Intervention					
Other Clinical Work					

II. HOURS OF EDUCATIONAL ACTIVITIES

Interdisciplinary Case Conference					
Individual Supervision					
Group/Video Supervision					
Psychiatric Consultation					
Staff Meetings					
Peer Group					
Off-Campus Educational Event Title:					

Clinical Supervisor's Signature

On-Site Supervisor's Signature

Student's Signature