

# Missouri State University

## COU 781/783

### WEEKLY PROGRESS REPORT & SCHOOL COUNSELOR INTERNSHIP ACTIVITY LOG Due EVERY week to instructor

**Student**  
**Name** \_\_\_\_\_ **Date** \_\_\_\_\_ **School** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_

**Weekly** Total On-Site: \_\_\_\_\_ (Direct Hours \_\_\_\_\_ Indirect Hours \_\_\_\_\_)

**Weekly** Total Off-Site: \_\_\_\_\_ (Direct Hours \_\_\_\_\_ Indirect Hours \_\_\_\_\_)

**Running** Total: \_\_\_\_\_ (Direct Hours \_\_\_\_\_ Indirect Hours \_\_\_\_\_)

#### **GOAL EACH WEEK: 80% Direct and 20% Indirect**

	Elementary	Middle	High	Student Weekly Total Hours	Student Weekly Total %	Running Total Hours	Running Total %
Guidance Curriculum	35-45 % 7-9 hours	25-35% 5-7 hours	15-25% 3-5 hours				
Individual Planning	5-10% 1-2 hours	15-25% 2-5 hours	25-35% 5-7 hours				
Responsive Services	30-40% 6-8 hours	30-40% 6-8 hours	25-35% 5-7 hours				
System Support	10-15% 2-3 hours	10-15% 2-3 hours	15-20% 3-4 hours				
Total	100% 20 hours	100% 20 hours	100% 20 hours				

#### **Suggested Weekly Distribution of Professional School Counselor Intern Time (percentage)**

**Note:** 100% of a counselor's time should be devoted to the implantation, delivery, and management of the guidance program. *MSU Interns are not allowed to count NON-GUIDANCE time.*

**1.** Check the activities the Counselor-In-Training (CIT) has been involved with this week.

\_\_\_\_\_ Contact with students in the classroom  
\_\_\_\_\_ # of students

\_\_\_\_\_ Contact with students in a small group  
\_\_\_\_\_ # of students/topic \_\_\_\_\_

\_\_\_\_\_ Contact with individual counseling of students  
\_\_\_\_\_ # of students

**2. Rapport with students and colleagues**

- ☐ Satisfactory  
☐ Needs improvement  
☐ Not applicable this week

**3. How is progression towards independence as a counselor proceeding?**

- ☐ Satisfactory  
☐ Needs improvement  
☐ Not applicable this week

Comments \_\_\_\_\_  
\_\_\_\_\_

**4. Did you cover contents of CIT's logs and notes ?** Yes \_\_\_\_\_ No \_\_\_\_\_

**5. Did you cover areas needing improvement with CIT ?** Yes \_\_\_\_\_ No \_\_\_\_\_

**6. Did you cover areas that have been mastered by the CIT ?** Yes \_\_\_\_\_ No \_\_\_\_\_

**7. Did you meet for ONE HOUR supervision with CIT this week ?** Yes \_\_\_\_\_ No \_\_\_\_\_

**8. Issues/Concerns covered in supervision this week**

- ☐ Missouri Model Guidance Program  
☐ Classroom guidance lessons  
☐ Discipline  
☐ Rapport with students  
☐ Rapport with staff  
☐ Non-guidance  
☐ Confidentiality  
☐ Hotline calls  
☐ Special Education meetings/concerns  
☐ Parent conferences  
☐ Other
- \_\_\_\_\_

## School Counselor Internship Activity Log

Student Signature: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date _____	G	R	I	S	S	#	#
Time & Activity/Task	C	S	P	S	M	Direct Hours	Indirect Hours
7:00 - 7:30 a.m.							
7:30 - 8:00 a.m.							
8:00 - 8:30 a.m.							
8:30 - 9:00 a.m.							
9:00 - 9:30 a.m.							
9:30 - 10:00 a.m.							
10:00 - 10:30 a.m.							
10:30 - 11:00 a.m.							
11:00 - 11:30 a.m.							
11:30 - 12:00 p.m.							
12:00 - 12:30 p.m.							
12:30 - 1:00 p.m.							
1:00 - 1:30 p.m.							
1:30 - 2:00 p.m.							
2:00 - 2:30 p.m.							
2:30 - 3:00 p.m.							
3:00 - 3:30 p.m.							
3:30 - 4:00 p.m.							
4:00 - 4:30 p.m.							
4:30 - 5:00 p.m.							
5:00 - 5:30 p.m.							
5:30 - 6:00 p.m.							
<b>TOTAL for Day</b>							

GC=Guidance Curriculum  
 RS = Responsive Services  
 IP = Individual Planning  
 SS = System Support  
 SM = Supervision Meeting

