Bloomsburg University: Master of Education in Counseling

Daily Practicum Hour Log

Student Name:	Site Name:			
Week of:				

Day → Type of DIRECT SERVICES	Monday DATE:	Tuesday DATE:	Wednesday DATE:	Thursday DATE:	Friday DATE:	Saturday DATE:	Sunday DATE:	Total # of Hours
Individual								Hours
Counseling Sessions								
(Traditional)								
Group Counseling								
Sessions								
(Traditional)								
Career Counseling								
Sessions								
Family								
Counseling								
Sessions/Meeting								
Family/School								
Meeting (IEP)								
Staff/Faculty								
Consultation								
Class/Program or								
Presentation to								
Group of students								
Group of students								
Program or								
Presentation to								
Faculty/Staff or								
Administrators								
Crisis Intervention/								
Response to								
problematic issue								
on campus								
Assessment/Test								
Administration								
or Other Direct								
Service. Please								
Specify.								

Day → Type of INDIRECT SERVICES	Monday DATE:	Tuesday DATE:	Wednesday DATE:	Thursday DATE:	Friday DATE:	Saturday DATE:	Sunday DATE:	Total # of Hours
Traditional Note-taking								
Assessment or Report								
Writing								
Program or Event Planning								
Profes-								
sional Research								
Informal								
observation								
or contact with								
students								
(hall								
monitoring,								
lunch duty,								
orientation								
table, etc.)								
Phone,								
filing, or								
other office duties								
Other hours								
of Indirect								
Service.								
Please								
specify.								
Individual								
Supervision								
Group								
Supervision								
Total # of								
Service								
Hours								
Completed per Day								
per Day.								