

Student's Name:								Semester/Year:									
Activity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Grand Total
Intake/Assessent																	0
Individual Counseling																	0
Group Counseling*																	0
Family Counsleing																	0
Classroom Guidance																	0
Other																	0
Total Direct Contact	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supervision																	0
Prac/Inter Class																	0
Consultation																	0
Test Admin.																	0
Other Activities																	0
Total Indirect Contact	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supervisor's Initials																	

Supervisors Signature: _____

Date: _____

Student Signature: _____

Date: _____

*Group counseling experience is a required component of either practicum or internship