

*Graduate Program in Counseling*

###### CLINICAL MENTAL HEALTH COUNSELING INTERNSHIP (COUN 581/582)

###### SEMESTER SUMMARY LOG

**Student Name – PLEASE PRINT Internship Site Semester & Year**

Please use your weekly logs to complete this summary of your total on-site hours. This signed document must be emailed to your Faculty Supervisor no later than the last day of the scheduled term. If signed electronically, it must be emailed directly from your Site Supervisor to your Faculty Supervisor.

**INTERNSHIP HOURS (minimum of 300 hours for each internship\*)**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Activity | | **Hours** | |
| **Direct Service** (min. of 120 hrs.) | | ---- | |
| Individual Co-Counseling/Counseling | |  | |
| Group Co-Counseling/Counseling | |  | |
| Family/Couple Co-Counseling/Counseling | |  | |
| Intake Interviewing | |  | |
| Testing/Assessment | |  | |
| Professional Consultation | |  | |
| Other | |  | |
| Total On-site Direct Hours | |  | |
| **Type of Activity** | **Hours** | |
| **Indirect Service** | ---- | |
| Record Keeping |  | |
| Treatment Planning |  | |
| Case Conferences |  | |
| Staff/Team Meetings |  | |
| On-Site Individual Supervision |  | |
| On-Site Group Supervision |  | |
| Training/Orientation |  | |
| Other |  | |
| Total On-site Indirect Hours |  | |

**TOTAL INTERNSHIP HOURS ON-SITE**

Of these direct hours, how many were with clients with a:

Diverse Background

Disability

Of these indirect hours, how many were related to:

Diverse Background

Disability

Record your time with faculty supervision in the following chart.

Please be advised that this supervision time does not count towards your 100 on-site hours.

|  |  |
| --- | --- |
| **Faculty Supervision** | **Hours** |
| Individual/triadic |  |
| Group Supervision |  |
| Total Faculty Supervision Hours |  |

**Internship Student (please print) Internship Student Signature Date**

I acknowledge that checking this box electronically serves the same purpose as affixing my original signature to this document.

**Site Supervisor & credentials (please print) Site Supervisor Signature Date**

I acknowledge that checking this box electronically serves the same purpose as affixing my original signature to this document.

**Faculty Supervisor & credentials (please print) Faculty Supervisor Signature Date**

I acknowledge that checking this box electronically serves the same purpose as affixing my original signature to this document.

\*Note – students may need to acquire more than 300 on-site hours in order to meet the direct hour requirement.