

*Graduate Program in Counseling*

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

###### WEEKLY SUMMARY LOG

***Week #*    *Date Week Begins*    *Total On-Site Hours this Week***

**INTERNSHIP HOURS**

Please record time in increments of 15 minutes

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Activity | | **Hours** | |
| **Direct Service** | | ---- | |
| Individual Co-Counseling/Counseling | |  | |
| Group Co-Counseling/Counseling | |  | |
| Family/Couple Co-Counseling/Counseling | |  | |
| Intake Interviewing | |  | |
| Testing/Assessment | |  | |
| Professional Consultation | |  | |
| Other: (describe) | |  | |
| 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: (describe) |  | |
| 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

**All my clients have signed the Messiah University informed consent form**

*student’s initials*

**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 (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.