

*Graduate Program in Counseling*

###### SCHOOL COUNSELING PRACTICUM (COUN 583) WEEKLY SUMMARY LOG

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

**PRACTICUM HOURS**

**Please record time in increments of 15 minutes**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Activity | | **Hours** | |
| **Direct Service** (minimum of 40 hrs.) | | ---- | |
| Individual Counseling | |  | |
| Group Counseling | |  | |
| Career Counseling | |  | |
| Classroom Guidance | |  | |
| New Student Orientation | |  | |
| Individual Appraisal | |  | |
| Teacher/Administration  Consultation | |  | |
| Parent Consultation | |  | |
| Other: include description | |  | |
| Total On-Site Direct Hours | |  | |
| **Type of Activity** | **Hours** | |
| **Indirect Service** | ---- | |
| Observations |  | |
| Scheduling |  | |
| Planning/Preparation |  | |
| Training/Orientation |  | |
| On-site Individual Supervision |  | |
| Staff/Team Meeting |  | |
| Review of student  records/school data |  | |
|  |  | |
| Other: include description |  | |
| Total On-Site Indirect Hours |  | |

**TOTAL ON-SITE PRACTICUM HOURS**

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

Diverse Background

Disability

Of these indirect hours, how many were related to:

Diverse Background

Disability

**Practicum Student (please print) Practicum 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.