



**Practicum Log**  
**CLINICAL MENTAL HEALTH COUNSELING**

Counselor-in-Training: \_\_\_\_\_ Course/Semester \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_ Doctoral Supervisor: \_\_\_\_\_

Week	Direct Service				Indirect Service (Paperwork, Phone Calls, Watching Tapes, Instruction, etc.)	Supervision				Total
	Individual	Group	Couples/ Family	Total		Individual	Triadic	Group	Total	
<b>Total Hours</b>										

**Signatures:** By signing this document you are indicating that the above information is true to your knowledge

Counselor in Training: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_