UNIVERSITY of NORTHERN COLORADO

Practicum II Log – SCHOOL COUNSELING

Counselor-in-Training:_____ Course/Semester: _____

Faculty Supervisor:_____ Doctoral Supervisor: _____

Week	Direct Service					Indirect Service	Supervision				Total
	Individual	Group	Consultation w/ Parents	Classroom Guidance	Total	(Paperwork, Phone Calls, Watching Tapes, Instruction, etc.)	Individual	Triadic	Group	Total	
Total Hours											

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

Counselor in Training:_____ **Date**: _____

Site Supervisor: _____ **Date**: _____