



Practicum Log SCHOOL 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	Consultation w/ Parents	Classroom Guidance	Total		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: \_\_\_\_\_