CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Course: 584____ 590____ 591____ Semester: Spring____ Fall____ Sum____ Year:_______

CWID #______________________________________________________________
Student's Name _______________________________________________________
Community Agency Site __________________________________________________
Site Supervisor ________________________________________________________
University Practicum Instructor _____________________________________________

I. Direct Client Contact (DCC) Hours-

MINIMUM 280 hrs. required for graduation

1. # of Families seen: ________      # of Sessions: ________ # of Hours: ________
2. # of Couples seen: ________        # of Sessions: ________ # of Hours: ________
3. # of Individual Children Seen: ________ # of Sessions: ________ # of Hours: ________
4. # of Individual Adults Seen: ________ # of Sessions: ________ # of Hours: ________
5. # of Groups Led: ________ # of Sessions: ________ # of Hours: ________
6. # of Groups Co-Led: ________ # of Sessions: ________ # of Hours: ________
   Types of Groups _______________________________________________________
7. # of Telephone Counseling Hours: ________

TOTAL HOURS IN CATEGORY I: __________

Client Demographics:
Ethnic Groups Served:
__________________________________________________________

Age Groups Served: (0-5) # ________ (6-10) # ________ (11-17) # ________ (18-64) # ________ (65+) # ________
Gender of Clients: Adult Women # ________ Adult Men # ________ Girls # ________ Boys # ________

Non-DCC Hours - Categories II & III Combined - MINIMUM 420 hrs. required for graduation

II. Non-DCC - Supervision Hours:

1. Individual Supervision Hours: ___________________________________________
2. Group Supervision Hours: _____________________________________________

TOTAL HOURS IN CATEGORY II: __________
### III. Non-DCC – Other Hours:

1. Writing Case Notes & Reports/Recordkeeping: ____________
2. Staff Meetings/Interdisciplinary Team Meetings: ____________
3. Intake/Case Conference Meetings: ____________
4. Community Outreach Activities: ____________
5. Staff Development/Staff Training: ____________
6. Reading & Multimedia Use for Professional Development: ______
7. Professional Conferences/Continuing Education Seminars: _____
8. Consuming and/or Conducting Research: ____________
9. Agency Service: ____________
10. Other (please specify on reverse): ____________

**TOTAL HOURS IN CATEGORY III: ______**

### III. TOTAL NUMBER OF PRACTICUM HOURS:

<table>
<thead>
<tr>
<th>Category</th>
<th>COUN 530*</th>
<th>COUN 584</th>
<th>COUN 590</th>
<th>COUN 591</th>
<th>Cumulative TOTALS</th>
<th>Minimum Requirements for Graduation</th>
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</thead>
<tbody>
<tr>
<td>I. DCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>280 hrs.</td>
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<tr>
<td>II. Non-DCC Supervision</td>
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<td></td>
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<td>420 hrs. Combined (II &amp; III)</td>
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<tr>
<td>III. Non-DCC Other</td>
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<td>700 hrs. 280 DCC + 420 Non-DCC</td>
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<td>Course Total</td>
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*Maximum 100 hrs. for COUN 530: 40 hrs. DCC + 60 hrs. Non-DCC (Categories II & III)

**NOTE:** Please retain a copy of this form in order to compute your cumulative totals for future practicum logs.

DATE: __________________ Student's Signature: ____________________________

Supervisor's Signature: ____________________________ Credential/License#: ________________________

Revised 07/18