Advanced Practicum Summary Log/Semester Accounting Form

Course:  584 ______ 590______ 591_______ Spring _____, Fall _____, Sum _____

Student's Name _______________________________________________________

CWID #______________________________________________________________

Community Agency Site _________________________________________________

Site Supervisor ________________________________________________________

Semester ____________________________ Year ___________________________

University Practicum Instructor ___________________________________________

I  Direct Client Contact (DCC) Hours: [MINIMUM 280 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 # ______
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Non-DCC Hours- MINIMUM 420 hours required for graduation

II  **Supervision Hours:**
1. Individual Supervision Hours: 
2. Group Supervision Hours: 
   
   TOTAL HOURS IN CATEGORY II: 

III  **Other/Non-DCC Hours:** [minimum 420 required for practicum year - including category II]
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:

IV. **TOTAL NUMBER OF PRACTICUM HOURS:**

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<thead>
<tr>
<th></th>
<th>COUN 530</th>
<th>COUN 584</th>
<th>COUN 590</th>
<th>COUN 591</th>
<th>Cumulative TOTALS</th>
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</thead>
<tbody>
<tr>
<td>Category I</td>
<td>[max 40]</td>
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<td></td>
<td></td>
<td>[min 280]</td>
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<tr>
<td>Category II*</td>
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<td>Min 420 combined</td>
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<tr>
<td>Category III*</td>
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<tr>
<td>Course Total</td>
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<td>[min 700]</td>
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*Maximum 60 hours for Categories II & III combined for 530 semester.
Minimum 420 hours for Categories II & III combined for graduation.

GRAND TOTAL:

**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 #