CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

Course: 530______ Semester: Spring _____ Fall ______ Year: __________

CWID #_____________________________________________________________
Student’s Name _______________________________________________________
Community Agency Site _________________________________________________
Site Supervisor ________________________________________________________
University Practicum Instructor ___________________________________________

I. Direct Client Contact (DCC) Hours- Maximum 40 hrs. for 530 semester

TOTAL HOURS IN CATEGORY I: _____

Non-DCC Hours- Maximum 60 hours for Categories II & III Combined

II. Non-DCC - Supervision Hours:

1. Individual Supervision Hours: _____
2. Group Supervision Hours: _____

TOTAL HOURS IN CATEGORY II: _______

III. Non-DCC - Other:

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:

<table>
<thead>
<tr>
<th>Category</th>
<th>Hours</th>
<th>Max hrs. COUN 530</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. DCC</td>
<td></td>
<td>40 max DCC</td>
</tr>
<tr>
<td>II. Non-DCC - Supervision</td>
<td></td>
<td>60 max Non-DCC</td>
</tr>
<tr>
<td>III. Non-DCC - Other</td>
<td></td>
<td>Combined II &amp; III</td>
</tr>
<tr>
<td>Course Total</td>
<td></td>
<td>100 max Total Hours</td>
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</tbody>
</table>

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#: ____________