Beginning Practicum Summary Log/Semester Accounting Form

Course: 530____ Spring _____ Fall ______

Student’s Name _______________________________________________________
CWID #______________________________________________________________
Community Agency Site __________________________________________________
Site Supervisor ________________________________________________________
Semester ____________________________Year ___________________________
University Practicum Instructor _____________________________________________

I Direct Client Contact (DCC) Hours: [MAXIMUM 40 hours for 530 semester]
TOTAL HOURS IN CATEGORY I: _____

Non-DCC Hours- MAXIMUM 60 hours for Categories II & III

II Supervision Hours:
1. Individual Supervision Hours: __________________________________________
2. Group Supervision Hours: ____________________________________________

TOTAL HOURS IN CATEGORY II: _______

III Other/Non-DCC 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: ______________
Practicum Summary Log/Semester Accounting Form

IV. TOTAL NUMBER OF PRACTICUM HOURS:

<table>
<thead>
<tr>
<th>Category</th>
<th>COUN 530</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category I (MAX 40 hours)</td>
<td></td>
</tr>
<tr>
<td>Category II *</td>
<td></td>
</tr>
<tr>
<td>Category III*</td>
<td></td>
</tr>
<tr>
<td>Course Total</td>
<td></td>
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</tbody>
</table>

*Maximum 60 hours for Categories II & III combined.

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 # ________________________________