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: _________________
IV. TOTAL NUMBER OF PRACTICUM HOURS:

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