Practicum/ Internship Weekly Time Sheet

Valparaiso University

Clinical Mental Health Counseling

Name: Week of:

Activity: Mon Tue Wed Thurs Fri Sat Sun Totals

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1. DIRECT SERVICE:
2. Counseling

Individual

Group

Family

Couples

1. Intakes
2. Assessment Conducted
3. Other (specify)
4. SUPERVISION:

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Individual

Class

Triadic

1. CLINICAL DOCUMENTATION

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Case Notes

Client Interven. Preparation

Assess. Scoring and Interp.

Correspondence

Report Writing

Other (specify)

1. OBSERVATION:
2. PROFESSIONAL DEVELOPMENT:

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Conferences/Seminars

Reading

Staff Meetings

Tape Review

Case Conferences

1. OTHER (specify):

(Record clock hours to the nearest half hour)

**Activity Total Hours for the CURRENT WEEK Total Hours: SEMESTER**

Direct Service

 Counseling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Intakes/Sup.Provided/Assm/Teach/Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervision

 Individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Triadic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Clinical Documentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Observation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Weekly Prac/Intern Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Professional Development \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_University Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**