Practicum/ Internship Weekly Time Sheet

Valparaiso University

Clinical Mental Health Counseling

Name: Week of:

Activity: Mon Tue Wed Thurs Fr Sat Sun Totals

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1. DIRECT SERVICE:
2. Counseling

Individual

Group

Family

Couples

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

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Individual

Class

Triadic

1. CLINICAL DOCUMENTATION (Indirect)

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Case Notes

Client Interven.

 Preparation

 Assess. Scoring and Interp.

Correspondence

Report Writing

Other (specify)

1. PROFESSIONAL DEVELOPMENT (Indirect)

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Direct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indirect \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**University Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**