**Clinical Mental Health Counseling Weekly Log Report**

**Practicum - COUN 686**

**Name:** **Week of:** **Week #:**

**A. Direct Services to Clients:**

Individual Counseling:

Total Hours:

Group Counseling:

Total Hours:

Consultation:

Total Hours:

Case Management Contacts:

Total Hours:

Assessment/Other Direct Service (Specify):

Total Hours:

 **Weekly Total of Direct Service Hours:**

**B. Indirect Service / Activities:**

Professional Development/Other:

Total Hours:

Preparation/Review/Documentation/ Other:

Total Hours:

**Weekly Total of Indirect Service Hours:**

**C. Supervision:** Ind. Hours:       Group hours:       **Weekly Supervision Total:**

**D. Cumulative Semester Totals:**

Cumulative Number of Hours of Individual Supervision to date:

 Group Supervision to date:

Cumulative Number of Hours of Direct Service to date:

Cumulative Number of Hours of Indirect Service to date:

 **Cumulative Total of Practicum Hours:**

No shows this week:       Cumulative no shows: