



Practicum Log SCHOOL COUNSELING

Counselor-in-Training: \_\_\_\_\_ Course/Semester: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_ Doctoral Supervisor: \_\_\_\_\_

Table with columns for Week, Direct Service (Individual, Group, Consultation w/ Parents, Classroom Guidance, Total), Indirect Service (Paperwork, Phone Calls, Watching Tapes, Instruction, etc.), Supervision (Individual, Triadic, Group, Total), and Total.

Signatures: By signing this document you are indicating that the above information is true to your knowledge

Counselor in Training: \_\_\_\_\_

Date: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_