Weekly Log: Graduate Practicum/Internship Counseling

Name:_____ Site:_____ Date Received:_____

Date	**Direct:** **Counseling** Individual, couples, families, groups	**Indirect:** **Supervision** Individual and Group, Practicum and Internship class meetings	**Indirect:** **Coordination** Case notes, staff meeting, consultation, observation	***DESCRIPTION OF ACTIVITY*** *If direct counseling, include client code. If consultation or coordination, briefly describe activity.*
	TOTAL FOR PAGE ____	TOTAL FOR PAGE ____	TOTAL FOR PAGE ____	
	PREVIOUS PAGE ____	PREVIOUS PAGE ____	PREVIOUS PAGE ____	
	TOTAL TO DATE_____	TOTAL TO DATE_____	TOTAL TO DATE_____	