

**Department of Counseling
Southern Illinois University
Practicum/Internship Log**

Name: _____ Year/Semester: _____

Practicum/Internship Location: _____

Week Number & Date: _____

Total Hours at site this week _____

Individual Client Contact _____ Couple/Family Client Contact _____

Group Client Contact _____ Staff /Team Meetings _____

In-service Training _____ Case Management _____

Case Recording _____ Group Supervision _____

On-Site Supervision _____ Other (Specify) _____

Week Number & Date: _____

Total Hours at site this week _____

Individual Client Contact _____ Couple/Family Client Contact _____

Group Client Contact _____ Staff or Team Meetings _____

In-service Training _____ Case Management _____

Case Recording _____ Group Supervision _____

On-Site Supervision _____ Other (Specify) _____

Student's Signature

On-Site Supervisor's Signature & Date

Total client-contact hours to date: _____