

PRACTICUM SUMMARY SHEET

Student Name: _____

University Instructor: _____

Practicum Semester and Year: _____

Practicum Site(s): _____

Site Supervisor: _____

I. COUNSELING ACTIVITY

A. INDIVIDUAL COUNSELING ACTIVITY

1. Total number of clients: _____
Children: _____ Adolescent: _____
Adult: _____ Couple: _____
Family: _____
2. Total number of counseling sessions: _____
3. Total number of hours in counseling: _____
4. Types of counseling cases (indicate frequencies):
 - a. Voc/Educ. Planning: _____
 - b. Interpersonal: _____
 - c. Intrapersonal: _____
 - d. Marriage/Family: _____
 - e. Other: _____ (Describe) _____

B. GROUP COUNSELING

1. Number of groups: _____
2. Total number of sessions: _____
3. Total number of hours: _____
4. Type/Focus of group(s): _____

5. Hours of supervision for group only (also include in summary below): _____

C. CONSULTING ACTIVITY

Briefly describe consulting activity and number of contacts.

D. ASSESSMENT ACTIVITY

Briefly describe any assessment procedures, instruments used, etc.

II. SUPERVISORY ACTIVITY

| | Number of Sessions | Total Hours |
|-------------------------|--------------------|-------------|
| Class/Group Supervision | _____ | _____ |
| Individual Supervision | _____ | _____ |
| On-Site Supervision | _____ | _____ |
| Educational Activity | _____ | _____ |
| TOTAL | _____ | _____ |

Student Signature

On-Site Practicum Supervisor Signature

Practicum Instructor's Signature