

Semester Summary of Practicum Hours

Student Name: _____ Semester: _____ Course: _____

Name of Practicum Site: _____

Supervisor's Name: _____ Degree: _____ License #: _____

Supervisor's Preferred Contact Info: _____

A. Intervention & Assessment Experience	Hours
1. Psychodiagnostic test administration & feedback (e.g., IQ, objective & projective personality tests)	_____
2. Neuropsychological test administration & feedback	_____
3. Intervention (count each 45-50 min 'hour' of direct client contact)	
a. Individual psychotherapy / Personal counseling	_____
b. Career counseling	_____
c. Couples therapy	_____
d. Family therapy	_____
e. Group therapy	_____
f. School counseling interventions	_____
g. Intake sessions	_____
h. Other – describe (e.g., milieu therapy, structured interview)	_____
_____	_____

B. Other Psychological Experience

- 1. Supervision of other students' assessment or intervention _____
- 2. Program development/outreach programming _____
- 3. Other – describe _____

C. Support Activities

- 1. Time spent on indirect service related to therapy such as writing (intake reports, progress notes, treatment plans, termination reports), reviewing videotape, being on-call, attending didactic, planning interventions, case management, etc. _____
- 2. Time spent on indirect service related to assessment (e.g., preparation, scoring, interpretation, and report writing). [Do not include practice administrations.] _____

D. Supervision Received

- 1. Individual (one-on-one with supervisor) _____
- 2. Group _____
- 3. Peer supervision _____

TOTAL HOURS OF PRACTICUM EXPERIENCE _____

I certify that the hours documented above are an accurate account of my practicum experiences this semester.

Student Signature

Date

I certify that, to the best of my knowledge, the hours documented above are an accurate account of this student's activities in practicum this semester.

Supervisor's Signature

Date