

University of Denver
Counseling Psychology
Assessment Practicum

ASSESSMENT PRACTICUM HOURS QUARTERLY SUMMARY

Student's Name _____

Quarter: Fall Winter Spring Summer Year: _____

Supervisor Signature: _____ Phone: _____ Email: _____

Practicum Site: _____

Address: _____

	Hours From Previous Quarters	Current Hours	Cumulative Hours
Direct Client Hours			
Test Administration			
Clinical Interview			
Client Feedback			
All Other Direct Client Hours			
Subtotal			
Supervision and Consultation Hours			
Subtotal			
Assessment Support Activities Hours			
Subtotal			
Administrative/Indirect Hours			
Subtotal			
Total Hours			

