

**University of Denver
Counseling Psychology
Assessment Practicum**

**MONTHLY HOURS ASSESSMENT
PRACTICUM LOG**

Name: _____ Quarter: Fall ___ Winter ___ Spring ___ Summer ___ Year _____ Month _____

Site: _____ Supervisor Signature: _____ Phone: _____

Direct Client Hours							
	Week 1	Week 2	Week 3	Week 4	(Week 5)		
Test Administration						Administration	
Clinical Interview						Interview	
Parent Interview						Feedback	
Feedback Session						Other	
Other Client Contact (Specify):						Total Direct Hours	(A)

Supervision

Individual							
Group							
Staff Meeting/Training							
Direct Observation by Supervisor (not included in hour totals)							
Consultation							
Other: (Specify)-							
Totals						(B)	

Assessment Support Activities

Report Writing							
Test Scoring/Interpretation							
Total						(C)	

Administrative/Indirect Hours

Observation						
Practice Administration						
Reading/Preparation						
Other (Specify)-						
Total						(D)

A + B + C + D = Total Hours This Month

A	B	C	D	TOTAL

Previous Hours: _____

Total Cumulative Hours: _____

