



PRACTICUM/INTERNSHIP
QUARTERLY SUMMARY

Student Name: _____

Quarter: _____ Academic Year: _____

Site: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

	Hours From Previous Quarter	Current Hours	Cumulative Hours
Direct Client Contact Hours:			
Individual Counseling			
Group Counseling			0
Vocational/Career Counseling			0
All Other Direct Client Hours			
Subtotal	0	0	0

Class Hours:			
Subtotal			

Supervision & Consultation Hours:			0
Subtotal			0

Indirect Client Contact Hours:			0
Subtotal			0

Total Hours:	0	0	0
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Supervisor Signature: _____ Date: _____