

**DOCTORAL PRACTICUM HOURS LOG**

**DOCTORAL**

**INTERVENTION**

**a. Individual Therapy**

TOTAL HOURS # OF DIFFERENT INDIVIDUALS  
FACE TO FACE

- Older Adults (65+)
- Adults (18-64)
- Adolescents (13-17)
- School-Age (6-12)
- Pre-School Age (3-5)
- Infants/Toddlers (0-2)

**b. Career Counseling**

TOTAL HOURS # OF DIFFERENT INDIVIDUALS  
FACE TO FACE

- Adults
- Adolescents (13-17)

**c. Group Counseling**

TOTAL HOURS # OF DIFFERENT GROUPS  
FACE TO FACE

- Adults
- Adolescents (13-17)
- Children (12 and under)

**d. Family Therapy**

TOTAL HOURS # OF DIFFERENT GROUPS  
FACE TO FACE

**e. Couples Therapy**

TOTAL HOURS  
FACE TO FACE # OF DIFFERENT GROUPS

**f. School Counseling Interventions**

# OF  
DIFFERENT TOTAL HOURS FACE TO FACE  
INDIVIDUALS

Consultation  
Direct Intervention  
Other

**g. Telephone-Based Intervention Experience**

TOTAL HOURS # OF DIFFERENT INDIVIDUALS

**h. Other Psychological Interventions**

TOTAL HOURS  
FACE TO FACE # OF DIFFERENT INDIVIDUALS

SportPsychology/Performance Enhancement  
Medical/Health Related Interventions  
Intake Interview  
Substance Abuse Intervention  
Consultation  
Other Interventions

**i. Other Psychological Experience with Students  
and/or Organizations**

TOTAL HOURS  
FACE TO FACE

Supervision of Other Students Performing Intervention  
and Assessment Activities  
Program Development/Outreach Programming  
Outcome Assessment of Programs or Projects  
Systems Intervention/Organizational  
Consultation/Performance Improvement

Other Psychological Experience with  
Students/Organizations

**Total Intervention Hours** 0

**DOCTORAL**

**Psychological Assessment Experience**

TOTAL HOURS  
FACE TO FACE

Psychodiagnostic Test Administration  
Neuropsychological Assessment Administration  
Telephone-Based Assessment Administration  
Other Psychological Assessment Experience  
Assessment Report Feedback to Clients

**Total Assessment Hours** 0

**Total Number of Integrated Reports**

**Name of Assessment**

TOTAL NUMBER OF EACH ASSESSMENT ADMINISTERED	TOTAL NUMBER OF EACH ASSESSMENT ADMINISTERED INTEGRATED INTO REPORTS	TOTAL NUMBER OF ADULT CLIENTS ADMINISTERED EACH ASSESSMENT	TOTAL NUMBER OF CHILD CLIENTS ADMINISTERED EACH ASSESSMENT
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**DOCTORAL**

**Supervision Received**

INDIVIDUAL      GROUP      TOTAL HOURS

Supervised by a Licensed Psychologist

Supervised by a Licensed Allied Mental Health  
Professional  
Other

**Total Supervision Hours** 0 0 0

**Summary of Treatment Hours**

**DOCTORAL**

a. Total Intervention and Assessment hours

b. Total Supervision hours

**Grand Total** 0

**Support Activities**

**DOCTORAL**

Administration

Assessment Report Writing

Case Conferences

Case Management

Chart Review

Clinical Writing/Progress Notes

Coordinate Community Resources

Grand Rounds

Intervention Planning

Observation

Phone Support (including phone sessions prior to 3/2/20)

Professional Consultation

Professional Development

Psychoeducational Group/Workshop

Psychological Assessment Scoring/Interpretation

Reading/Research/Preparation

Seminars/Didactic Training

Staff Meeting

Video-Audio-Digital Recording Review

Other

**Total Support hours** 0

**DOCTORAL**

**Treatment Settings**

Child Guidance Clinic  
 Community Mental Health  
 Department Clinic (Psychology clinic run by a department or school)  
 Forensic/Justice Setting (e.g., jail, prison)  
 Inpatient Psychiatric Hospital  
 Medical Clinic/Hospital  
 Outpatient Psychiatric Clinic/Hospital  
 Partial Hospitalization/Intensive Outpatient Programs  
 Private Practice  
 Residential/Group Home  
 Schools  
 University Counseling Center/Student Mental Health Center  
 VA Medical Center  
 Other

## INTERVENTION ASSESSMENT

**Total Hours in All Treatment Settings**

0 0

**Patient Demographics****Number of Different Clients/Patients Seen****DOCTORAL****Race/Ethnicity**

## INTERVENTION ASSESSMENT

African-American/Black/African Origin  
 Asian-American/Asian Origin/Pacific Islander  
 Latino-a/Hispanic  
 American Indian/Alaska Native/Aboriginal Canadian  
 European Origin/White  
 Bi-racial/Multi-racial  
 Other

**Sexual Orientation**

## INTERVENTION ASSESSMENT

Heterosexual

Gay  
Lesbian  
Bisexual  
Other

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**Disabilities**

INTERVENTION ASSESSMENT

Physical/Orthopedic  
Blind/Visually Impaired  
Deaf/Hard of hearing  
Learning/Cognitive Disability  
Developmental Disability  
Serious Mental Illness  
Other

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**Gender**

INTERVENTION ASSESSMENT

Male  
Female  
Transgender  
Other

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Trainee signature:

Date:

Printed name:

Supervisor signature:

Date:

Printed name:

Program verification signature:

Date:

Printed name:

Title / Position: