

Clinical Mental Health Counseling Practicum Activity Log

Department of Counseling and Higher Education
Eastern Illinois University



Supervisee Name: _____ Semester: _____

Practicum Site: _____ Week #: _____

Activity	Total Hours
1. Individual counseling	
2. Group counseling	
3. Family counseling	
4. Consultation with staff	
5. Guidance activities with clients	
6. Instructional (preventive) intervention	
Total for <u>direct</u> service hours	
Semester total for <u>direct</u> service hours	

Activity	Total Hours
1. Contact with clients other than counseling	
2. Staff meetings and consultation with liaisons	
3. Peer review of tapes	
4. Observations (explain below)	
5. Report writing and administrative duties	
6. Individual supervision on-site	
7. Professional development (explain below)	
8. Other Practicum activities (explain below)	
Total for <u>indirect</u> service hours	
Semester total for <u>indirect</u> service hours	

Notes on any of above: _____

Site Supervisor Signature: _____

For departmental use only (cannot count toward direct/indirect hours):

Activity	Hours
1. Individual supervision on campus (departmental)	
2. Group supervision on campus (in class)	

EIU Faculty Supervisor Signature's _____