

**ARGOSY UNIVERSITY, CHICAGO
MA COMMUNITY COUNSELING
INTERNSHIP MONTHLY SITE HOUR LOG**

Student Name: _____ Month/Year _____

Directions:

1. Record the dates of each week of fieldwork where indicated.
2. Record the total number of hours per week in each activity under the appropriate column.
3. Total the number of hours for the week in each area as indicated.
4. You will not submit this monthly form to the Director of Training; this form is only for your assistance in preparing the Internship Hour Log which is turned in to the Seminar Leaser or the Director of Training at the end of Spring I & End of Internship.

| Activities | Week 1 Dates | Week 2 Dates | Week 3 Dates | Week 4 Dates | Week 5 Dates | Total Per Month |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|--------------------|
| (To/From Dates) | | | | | | |
| 1) Intake/Assessment | | | | | | |
| 2) Individual Counseling | | | | | | |
| 3) Group Counseling | | | | | | |
| 4) Couple/Family Counseling | | | | | | |
| 5) Career Counseling | | | | | | |
| 6) Other: | | | | | | |
| 7) Other: | | | | | | |
| Direct Hours Totals (sum 1 through 7) | | | | | | |
| 8) Orientation/Training (for Students) | | | | | | |
| 9) Psycho-educational Workshop/Presentation (by Student) | | | | | | |
| 10) Report writing | | | | | | |
| 11) Case conference | | | | | | |
| 12) Community work | | | | | | |
| 13) Administrative Meetings | | | | | | |
| 14) Preparation | | | | | | |
| 15) Supervision (on site) | | | | | | |
| 16) Consulting | | | | | | |
| 17) Other: | | | | | | |
| 18) Other: | | | | | | |
| Indirect Hours Totals (sum 8 through 18) | | | | | | |
| Grand Total (sum Direct & Indirect hours totals from above) | | | | | | |

DIVERSITY EXPERIENCE

Indicate the number of clients seen for each of the following diverse populations. You may include a single client in more than one category, as appropriate. The totals below are for you to track on a monthly basis for reporting on the Internship Hour Logs you will turn in to the Director of Training at the end of Spring I & End of Internship. You will already have included the totals you have recorded in this section on the preceding page.

Total Number of Individuals Served in Each Category this Month

Ethnic Background:

- Black/African American _____
- Asian-American _____
- Pacific Islander _____
- Latino-a/Hispanic Americans _____
- Native American _____
- Alaska Native _____
- Caucasian Americans _____
- Americans w/ Middle Eastern Origin _____
- Bi-Racial/Multi-Racial Americans _____

Foreign Nationals (specify):

- _____
- _____
- _____

Sexual Orientation:

- Heterosexual _____
- Gay _____
- Lesbian _____
- Bisexual _____

Gender:

- Male _____
- Female _____
- Transgendered _____

Physically Challenged:

- Physical/Orthopedic Disability _____
- Blind/Visually Impaired _____
- Deaf/Hard of Hearing _____
- Learning/Cognitive Disability _____
- Developmental Disability _____
- Diagnosed w/ Mental Disorder(s) _____

Age

- Adults (65 and older) _____
- Adults (18 to 65) _____
- Children (under age 18) _____

Other:

- _____