

END OF PRACTICUM HOUR LOG

ARGOSY UNIVERSITY, CHICAGO MA COMMUNITY COUNSELING

Student Name: _____

Site Name: _____

Site Supervisor: _____

Semester: Fall 20____

Period Covered: ___/___/___ to ___/___/___

Directions:

1. Record the total number of hours for direct, indirect, and the grand total number of hours for the entire practicum below (use your monthly hours log to assist you).
2. You and your site supervisor must sign and date this document.
3. Return this End of Practicum Total Hour Log to the Practicum Seminar Leader at the end of your practicum (*Remember*: the monthly hour logs are for your records only; do not turn in the monthly logs).
4. Submit this form per the directions on the following page.

Activities	Totals for Semester
1) Intake/Assessment	
2) Individual Counseling	
3) Group Counseling	
4) Couple or Family Counseling	
5) Career Counseling	
6) Other:	
7) Other:	
Direct Hours Totals (Sum 1 through 7)	
8) Orientation/Training (for student)	
9) Psychoeducational 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 the tracking purposes of the Director of Training. You will already have included the totals you have recorded in this section on the preceding page.*

Cumulative Totals	# of Clients
<i>Ethnic Background:</i>	
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	_____
<i>Foreign Nationals</i> (specify):	
_____	_____
_____	_____
_____	_____
<i>Gender:</i>	
Male	_____
Female	_____
Transgendered	_____
<i>Age</i>	
Adults (65 and older)	_____
Adults (18-65)	_____
Children (under age 18)	_____
<i>Physically Challenged:</i>	
Physical/Orthopedic Disability	_____
Deaf/Hard of Hearing	_____
Developmental Disability	_____
Blind/Visually Impaired	_____
Learning/Cognitive Disability	_____
Diagnosed w/ Mental Disorder(s)	_____
<i>Sexual Orientation:</i>	
Heterosexual	_____
Gay	_____
Lesbian	_____
<i>Other</i>	
_____	_____
_____	_____
_____	_____

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____

Submit Form to: Practicum Seminar leader or
 Dr. Gary Koch,
 Training Coordinator, Counselor Education Dept.
 ARGOSY UNIVERSITY, CHICAGO CAMPUS
 225 N. Michigan Ave., Chicago, IL 60601
 OR Fax form to: 312-777-7747

e-mail to: gkoch@argosy.edu