

Internship Hour Log

**ARGOSY UNIVERSITY, CHICAGO
MA COMMUNITY COUNSELING**

Student Name: _____

Site Name: _____

Site Supervisor: _____

Spring I Upon Completion
(check one)

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

Directions:

1. Record the total number of hours for direct, indirect, and the grand total number of hours for Your internship at two points: End of Spring I Term, and at the end of internship. You and your site supervisor must sign and date this document.
2. Return the Internship Hour Log to seminar leader or the Training Coordinator when internship seminars are not in progress. (*Remember:* the monthly hour logs are for your records only; do not turn in the monthly logs).
3. Submit this form per the directions on the following page.

Activities	Total for Period Covered
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
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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):

_____	_____
_____	_____
_____	_____

Gender:

Male	_____
Female	_____
Transgendered	_____

Age

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

Physically Challenged:

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

Sexual Orientation:

Heterosexual	_____
Gay	_____
Lesbian	_____

Other

_____	_____
_____	_____
_____	_____

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