

MONTHLY PRACTICUM HOUR LOG

ARGOSY UNIVERSITY, CHICAGO MA COMMUNITY COUNSELING

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 End of Practicum Hour Log which is turned in to the Seminar Leader at the end of practicum.

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 End of Practicum Hour Log you will turn in to the Seminar Leader at the end of each semester. 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):

_____	_____
_____	_____
_____	_____

Gender:

Male	_____
Female	_____
Transgendered	_____

Age

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

Sexual Orientation:

Heterosexual	_____
Gay	_____
Lesbian	_____
Bisexual	_____

Physically Challenged:

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

Other:

_____	_____
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