

MONTHLY PRACTICUM HOURS LOG

ARGOSY UNIVERSITY, CHICAGO CLINICAL TRAINING

Student Name:		Period Covered:	
Seminar Leader:		Name of Site:	

Directions:

1. **Record the total number of hours for the month in each activity in the appropriate row.**
2. **Submit this form to your seminar leader at the first class after the first of every month, and keep a copy for yourself.**
3. **If you feel that you are not gaining the number of hours necessary to meet your practicum hour requirement, you must notify your seminar leader and the Training Department.**
4. **This form is in addition to the Mid-Year and Final Hours Log that you must turn in to the Training Department.**

Classification of Hours:

1. **Face-to-Face:** Hours spent providing individual therapy, group therapy, family therapy, and testing with the client are all documented as Face-to-Face hours. These hours may also be referred to as “Intervention & Assessment Hours,” “Direct Service Hours,” or “Client Contact Hours.” A 45-50 minute client/patient hour may be counted as one practicum hour.
2. **Support:** Activities spent *outside the counseling/therapy hour* while still focused on the client (e.g., chart reviews, writing process notes, consulting with other professionals about cases, video/audio tape review, treatment planning, assessment interpretation, report writing, etc.). In addition, it also includes hours spent at practicum in didactic training (e.g., grand rounds) and peer consultation. *Peer Consultation* is the review of specific case material with fellow practicum students in the absence of a clinical supervisor. These hours should not be included as supervision.
3. **Supervision:** *Individual Supervision* is defined as a face-to-face clinical activity provided by an appropriately credentialed supervisor with the specific intent of overseeing psychological services rendered by the student. *Group Supervision* includes all activities in which an appropriately credentialed supervisor coordinates the focused review of specific cases with more than one student at a time.

Note: Since each “type” of practicum hour is mutually exclusive, **do not** count hours in more than one category.

Activities	Total Per Month
1) Face-to-Face Hours	
2) Support Hours	
3) Supervision Hours	
GRAND TOTAL	

Student Signature: _____