M.A./BC
Practicum & Internship Log

Practicum Course Number & Name _____
Practicum Site _____
Total Direct Client Contact Hours _____
Total Administrative Hours _____

Student Signature _____ Student ID #_____
Printed _____

Supervisor Signature _____
Printed _____

Date	Direct Client Contact					Administrative	
	# of clock hours	☑ Indiv	☑ Group	☑ Family	☑ Couple	# of clock hours	Description

Date	Direct Client Contact					Administrative	
	# of clock hours	☑ Indiv	☑ Group	☑ Family	☑ Couple	# of clock hours	Description