

PRACTICUM SUPERVISEE WEEKLY LOG OF ACTIVITIES

Supervisee's Name: _____ Date: _____

Supervised Work Setting: _____

Dates of Supervised Hours: _____

ACTIVITIES	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DIRECT CLINICAL CONTACT:							
Therapy:							
Individual							
Group							
Couples or Families							
Assessment:							
Interviewing							
Testing							
Crisis Intervention:							
Psychoeducational Group							
Community Outreach							
Other Direct Clinical Contact:							
TOTAL DIRECT CLINICAL CONTACT HOURS (PT1):							
SUPERVISION, LEARNING EXPERIENCES, ETC.	0	0	0	0	0	0	0
Supervision:							
Individual							
Group							
Learning Experiences:							
Seminars							
Workshops							
Case Conferences							
Program Development							
Other Learning Experiences							
Practicum Activities:							
Writing Clinical Reports							
Scheduling Clinical Sessions							
Managing Client Services							
Other Practicum Activities							
TOTAL SUPERVISION, LEARNING EXPERIENCES, AND PRACTICUM ACTIVITIES HOURS (PT2):	0	0	0	0	0	0	0
DIRECT CLINICAL CONTACT HOURS (PT1):	0						
SUPERVISION & PRACTICUM HOURS (PT2):	0						
TOTAL HOURS (PT1) & (PT2):	0						
Primary Supervisor's Printed Name & Psych. Lic. #:	_____						
Primary Supervisor's Signature & Date:	_____						