**Clinical Hours Summary Report**

 Practicum I Practicum II Internship I Internship II

 Semester Report (Term:\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Final Report

 Lewis & Clark Community Counseling Center Community Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name:** \_\_\_\_\_\_ **Signature:**  \_\_\_\_\_\_\_\_\_ **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Supervisor:**  \_\_  **Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Supervisor:** \_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** Complete separate forms for LCCCC and community site hours. Use .25 hour increments. For Practicum II and Internship II, complete and turn in separate forms for semester hours and final hours (final hours are tallied by compiling the reports from semesters I and II). Keep a copy of this form for your own records; the CPSY office is not responsible for making copies for you.

|  |  |
| --- | --- |
| DIRECT SERVICE SUMMARY | **HOURS** |
| Individual Counseling |  |
| Group Counseling |  |
| Family/Couples |  |
| Intake/Assessment |  |
| Crisis Intervention/Phone Counseling |  |
| TOTAL |  |
| SUPERVISION SUMMARY | **HOURS** |
| Individual Supervision |  |
| Group Supervision  |  |
|  **TOTAL** |  |
| OTHER ACTIVITIES SUMMARY | HOURS |
| Workshops, Trainings, Consulting, Readings |  |
| Client Notes, Recordkeeping, Other Activities |  |
|  **TOTAL** |  |
|  | HOURS |
| GRAND TOTAL |  |
|  |  |
| How many of these hours were related to addictions?  |  |