# Daily/Weekly Hours Log

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practicum I Practicum II Internship I Internship II Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record time in .25 hour increments.

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| Week | Date | Direct Service | | | | | Supervision | | Other | | How many of these hours were related to addictions? |
|  |  | Individual | Group | Family/  Couples | Intake/  Assessment | Crisis, Phone Interventions | Individual | Group | Workshops, Trainings, Consulting, Readings | Client Notes,  Recordkeeping, Other |
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| **Total Hours:** | |  |  |  |  |  |  |  |  |  |  |