

LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
DEPARTMENT OF COUNSELING PSYCHOLOGY
PROFESSIONAL MENTAL HEALTH COUNSELING

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 ?	
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