

LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
DEPARTMENT OF COUNSELING PSYCHOLOGY
MARRIAGE, COUPLE, AND FAMILY THERAPY PROGRAM

Clinical Hours Summary Report

☐ Internship I ☐ Internship II ☐ Internship III ☐ Internship IV ☐ Internship V

☐ Final Report

☐ Lewis & Clark Community Counseling Center ☐ Externship Site: _____

Student Name: _____ **Signature:** _____ **Date:** _____

Site Supervisor: _____ **Signature:** _____ **Date:** _____

Faculty Supervisor: _____ **Signature:** _____ **Date:** _____

Faculty Supervisor: _____ **Signature:** _____ **Date:** _____

Instructions: Complete separate forms for LCCCC and externship site hours. Use .25 hour increments. Keep a copy of this form for your own records; the CPSY office is not responsible for making copies for you.

INDIVIDUAL CLIENT CONTACT HOURS	HOURS
Individual	
Couple (Relational)	
Family (Relational)	
TOTAL	

GROUP CLIENT CONTACT HOURS	HOURS
Individual	
Couple (Relational)	
Family (Relational)	
TOTAL	

INDIVIDUAL SUPERVISION	HOURS
Case Report	
Live, Video, Audio	
TOTAL	

GROUP SUPERVISION	HOURS
Case Report	
Live, Video, Audio	
TOTAL	