

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

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

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

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

**Attach monthly hourlogs for each placement (should be at least 8 hourlogs per term)**

**Instructions:** Use .25 hour increments. Keep a copy of this form for your own records.

CLIENT CONTACT HOURS	LC Hours/Term	Site Hours/Term	Total Hours/Term	Total Cumulative
Individual (from all sources)				
Relational (from all sources)				
<b>TOTAL</b>				

SUPERVISION	LC Hours/Term	Site Hours/Term	Total Hours/Term	Total Cumulative
Individual Supervision: Case Report				
Individual Supervision: Live, Video, Audio				
Group Supervision: Case Report				
<b>Group Supervision: Live, Video, Audio</b>				
<b>TOTAL</b>				

SUPERVISION RATIO	Total /Term	Total Cumulative
Total Supervision Hours		
Total Client Contact Hours		
<b>TOTAL RATIO (Divide Supervision Hours by Client Contact hours)</b>		

**Alternative Hours to Date (of the hours above):** \_\_\_\_\_ (Once you have completed 100 hours, do **not** include any additional alternative hours in your report or hourlogs.)