

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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