Name_____ Month of_____

Community Counseling Internship
Monthly Time Log

	Intakes	**Individual Counseling**	**Group Counseling**	**Family Counseling**	**Consultation**	**Case Conference**	**Report Writing**	**Preparation**	**Office/Case Management**	**Other**	**Group Sup.**	**Ind. Sup.**	**Total**
Ex.	Intakes or screening	Planned or crisis	Lead or co-lead groups	Planned or crisis	With families, schools, or other professionals	Staff meeting, coordination	Progress notes, Tx plans, records	Set-up, review notes, design activities and interventions	Orientation, organization, training, arranging, monitoring cases	PDA, other approved activities	In-class	Code: O: On-site F: With faculty supervisor	
	Direct	Direct	Direct	Direct	Direct	Indirect	Indirect	Indirect	Indirect	Indirect	Indirect	Indirect	Total
Week													
Week													
Week													
Week													
Week													
Totals													