

Name _____

Week of _____

Community Counseling Internship Weekly Time Log

	<i>DIRECT</i>	<i>DIRECT</i>	<i>DIRECT</i>	<i>DIRECT</i>	<i>DIRECT</i>	<i>INDIRECT</i>	<i>INDIRECT</i>	<i>INDIRECT</i>	<i>INDIRECT</i>	<i>INDIRECT</i>	<i>INDIRECT</i>	<i>INDIRECT</i>	
	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	
MON												O: F:	
TUE												O: F:	
WED												O: F:	
THR												O: F:	
FRI												O: F:	
SAT												O: F:	
SUN												O: F:	
<u>Total Hours</u>												O: F:	