

School Counseling Practicum Activity Log

Department of Counseling and Student Development

Eastern Illinois University

Supervisee Name: _____ Semester: _____

Practicum Site: _____ Week #: _____



Activity	Total Hours
1. Individual counseling	
2. Group counseling	
3. Family counseling	
4. Consultation with parents or teachers	
5. Guidance activities with supervisees/students	
6. Instructional (preventive) intervention	
Total for <u>direct</u> service hours	
Semester total for <u>direct</u> service hours	

Activity	Total Hours
1. Contact with students other than counseling	
2. Staff meetings and consultation with liaisons	
3. Peer review of tapes	
4. Observations (explain below)	
5. Report writing and administrative duties	
6. Individual supervision on-site	
7. Professional development (explain below)	
8. Other Practicum activities (explain below)	
Total for <u>indirect</u> service hours	
Semester total for <u>indirect</u> service hours	

Notes on any of above: _____

Site Supervisor Signature: _____

For departmental use only (cannot count toward direct/indirect hours):

Activity	Hours
1. Individual supervision on campus (departmental)	
2. Group supervision on campus (in class)	

EIU Faculty Supervisor Signature's _____