

CPSY – PRACTICUM SUMMARY SHEET

Name: _____

Practicum Semester & Year: _____

University Instructor/Supervisor: _____

Practicum Site(s): _____

Site Supervisor: _____

COUNSELING HOURS:

Therapy Hours:	Number of	Total number	Number of different individuals
Individual Therapy:	sessions	of hours	groups, couples, families, etc.
Adults	_____	_____	_____
Adolescents	_____	_____	_____
School-Age	_____	_____	_____
Career Counseling			
Adults:	_____	_____	_____
Adolescents:	_____	_____	_____
Group Therapy Adults:	_____	_____	_____ (# in group & sexes _____)
Group Therapy Adolescents:	_____	_____	_____ (# in groups & sexes _____)
Group Therapy Children:	_____	_____	_____ (# in groups & sexes _____)
Family Therapy:	_____	_____	_____ (# of individuals & ages _____)
Couples Therapy:	_____	_____	_____ (# of males _____ # of females _____)
TOTALS	_____	_____	= Total direct service hours

Primary theoretical orientation of the counseling experience _____

Types/titles of groups led: _____

Support Activities (i.e. tape review, time spent preparing for clients, writing notes): _____ Hours

Professional Development – List below (e.g., training activities, staff/case conferences, workshops): _____ Hours

1. _____
2. _____
3. _____

ASSESSMENT HOURS:

Total assessment (administration, scoring, writing reports, etc.) _____ Hours

List below all assessments given, how many of each and title of each (i.e. 3 MMPIs)

Cognitive: _____

Personality: _____

Vocational: _____

Other: _____

Number of reports written: _____

Demographics of therapy and/or assessment clients (How many of each type of client did you see?):

Elderly (65+): _____

Male: _____

Adults (18-64): _____

Female: _____

Adolescents (12-17): _____

Children: _____

_____ African-American

_____ Hispanic

_____ White/ European American

_____ Bi-racial/ Multi-racial

_____ Other: _____

Visually Impaired: _____

Hearing Impaired: _____

Physically Impaired: _____

Learning/ Cognitive Disability: _____

Gay/ Lesbian/ Bisexual: _____

OTHER ACTIVITIES:

Briefly describe consulting and other activities that you did that are not listed above. Include type of activity, number of contacts, and hours spent on activity: _____

SUPERVISION HOURS:

of Sessions

Total Hours

Individual University Supervision

Individual On-site Supervisions

Class/Group University Supervision

Group On-site Supervision

Peer Supervision:

TOTAL PRACTICUM HOURS

COUNSELING HOURS: _____

ASSESSMENT HOURS: _____

SUPERVISION HOURS: _____

OTHER HOURS: _____

TOTAL HOURS: _____

Student's Signature and Date

Instructor's Signature and Date