

**Mental Health Counseling
Applied Practice II/Internship Log: Indirect Hours**

Counseling Faculty _____
Semester/Year _____

	Week 1 Date _____	Week 2 Date _____	Week 3 Date _____	Week 4 Date _____	Week 5 Date _____	Total
Individual Counseling Preparation						
Group Counseling Preparation						
Scheduling Preparation						
Career Development Preparation						
Staffing/Faculty Meeting Preparation						
Consultation						
Program Development Preparation/Research						
Psychoeducation Preparation						
Assessment/Testing Report Writing						
Case Note Writing						
Parent Conferences Preparation						
Professional Development						
Other						
Total						<input type="text"/>

Student: _____

Date: _____

Site Supervisor: _____

Date: _____

Course Supervisor: _____

Date: _____