

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

Counseling Faculty \_\_\_\_\_  
Semester/Year \_\_\_\_\_

	Week 1	Week 2	Week 3	Week 4	Week 5	Total
	Date _____	Date _____	Date _____	Date _____	Date _____	
Individual Counseling						
Group Counseling						
Scheduling						
Career Development						
Special Education						
Staffing/ Faculty Meeting						
Consultation						
Program Development						
Psychoeducation						
Crisis Intervention						
Assessment/Testing						
Parent Conferences						
Supervision						
Professional Development						
Other						
<b>Total</b>						

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Course Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_