

PRACTICUM HOURS DATA SHEET

1. Student Therapist: _____

2. Faculty Supervisor: _____

3. On-site Supervisor, if applicable: _____

4. Practicum Course Number and Description: PSY _____

5. Inclusive Dates: from: _____ to: _____ Semester: _____

INTERVENTION AND ASSESSMENT EXPERIENCE	This Week	+ Prior Total	= Semester Total
• Individual Therapy			
• Career Counseling			
• Group Therapy			
• Family Therapy			
• Couples Therapy			
• School Counseling Interventions			
• Other Psychological Interventions			
o Sports Psychology			
o Medical / Health Interventions			
o Intake / Structured Interview			
o Substance Abuse Interventions			
o Other interventions (specify)			
• Psychological Assessment Experience			
o Psychodiagnostic test administration			
o Neuropsychological Assessment			
• Other Psychological Experience with Students and/or Organizations			
o Supervision of other students			
o Program Development/Outreach			
o Outcome Assessment of programs			
o Organizational Consultation			
o Other (specify)			
6. Total Intervention Hours:			
SUPERVISION RECEIVED			
• One-on-one, face-to-face supervision			
• Group supervision			
• Peer supervision / consultation			
7. Total Supervision Hours:			
Add lines 6 + 7 from above for your			
TOTAL PRACTICUM HOURS			
SUPPORT ACTIVITIES (e.g. writing process notes, consulting with other professionals about cases, assessment interpretation and report writing, hours spent at a practicum setting in didactic training)			

Student Signature: _____	Date: _____
Site Supervisor Signature: _____	Date: _____
Faculty Supervisor Signature: _____	Date: _____