**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 direct service hours** |   |
| **Semester total for direct 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 indirect service hours** |   |
| **Semester total for indirect 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