## Counselor Education Internship Semester Activity Log

|       | <i>,</i> |           |
|-------|----------|-----------|
| Name: |          | Semester: |

| Activity/Hours Per                                | Week<br>1 | Week<br>2 | Week<br>3 | Week<br>4 | Week<br>5 | Week<br>6 | Week<br>7 | Week<br>8 | Week<br>9 | Week<br>10 | Week<br>11 | Week<br>12 | Week<br>13 | Week<br>14 | Week<br>15 | Week<br>16 | Hours<br>Accrued |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------|------------|------------|------------------|
| Assessment/ Intake –                              |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Direct Individual Counseling –                    |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Direct  |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Group/Family                                      |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Counseling – Direct                               |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Training or Classroom –<br>Direct                 |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Consultation                                      |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Other (Attach<br>Description)                     |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| SUB-TOTAL DIRECT<br>HOURS                         |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Assessment/ Intake –<br>Planning                  |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Individual Counseling –                           |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Planning<br>Group/Family<br>Counseling – Planning |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Training or Classroom –<br>Planning               |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Coordination and Evaluation                       |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Supervision Preparation                           |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Individual/Triadic<br>Supervision                 |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Group Supervision                                 |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| Other   |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| SUB-TOTAL<br>INDIRECT HOURS                       |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |
| TOTAL HOURS                                       |           |           |           |           |           |           |           |           |           |            |            |            |            |            |            |            |                  |