**MENTAL HEALTH COUNSELING – REHABILITATION - MONTHLY LOG**

Please check only one**:**  Practicum  Internship I  Internship II

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s Name |  | Month |  | Year |  |

**I. HOURS OF DIRECT PROFESSIONAL SERVICE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITIES** | **WEEK 1**  **from:**  **to:** | **WEEK 2**  **from:**  **to:** | **WEEK 3**  **from:**  **to:** | **WEEK 4**  **from:**  **to:** | **WEEK 5**  **from:**  **to:** | **MONTHLY**  **TOTALS** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Intake Interview |  |  |  |  |  |  |
| Individual Counseling |  |  |  |  |  |  |
| Group Counseling |  |  |  |  |  |  |
| Family Counseling |  |  |  |  |  |  |
| Consulting / Intervention |  |  |  |  |  |  |
| Job Development & Placement / Job Analysis |  |  |  |  |  |  |
| Career Counseling |  |  |  |  |  |  |
| \  Crisis Intervention |  |  |  |  |  |  |
| Service Coordination / Advocacy Services |  |  |  |  |  |  |
| Case Management and Service Planning |  |  |  |  |  |  |
| Other Clinical Work (Describe) |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |

**II. HOURS OF EDUCATIONAL ACTIVITIES – INDIRECT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Interdisciplinary Case Conference |  |  |  |  |  |  |
| Individual/Triadic Supervision |  |  |  |  |  |  |
| Live Observation/Supervision or Tape Review |  |  |  |  |  |  |
| Consultation |  |  |  |  |  |  |
| Staff Meetings |  |  |  |  |  |  |
| Report Writing |  |  |  |  |  |  |
| Consumer Research Activities (Consumer Background Preparation) |  |  |  |  |  |  |
| Professional / Educational Event  Title: |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| On-Site Supervisor Signature |  | Student Signature |  | University Supervisor Signature |