

Ph.D. Practicums & Internships

Weekly Log

Student's Name: _____ Site Name: _____

SUPERVISED HOURS FOR THE WEEK OF:				
Supervision Received				
Individual Supervision with Primary Supervisor				
Individual Supervision with Delegated Supervisor				
Total Hours of Individual Supervision Per Week				
Group Supervision with Primary Supervisor				
Group Supervision with Delegated Supervisor				
Total Hours of Group Supervision Per Week				
Professional Services Performed				
Individual Psychotherapy				
Couples, Children and/or Family Psychotherapy				
Group Psychotherapy				
Testing & Assess. (Admin, Scoring, Interp & Report)				
Intakes or Consultations				
Total Hours of Professional Services Performed				
Other Work Performed				
Staff Meetings				
Administrative Duties (e.g. Paperwork)				
Training Activities (e.g. Didactics, Case Confs)				
Other Professional Activities:				
Total Hours of Other Work Performed Per Week				
Total Hours of Supervised Experience Per Week				
_____ Primary Supervisor's Printed Name & License #				
_____ Primary Supervisor's Signature & Date				
_____ Delegated Supervisor's Printed Name & License #				
_____ Delegated Supervisor's Signature & Date				
_____ Supervisee's Signature & Date				

NOTE: Log is for student file only – DO NOT SEND TO DIRECTOR OF TRAINING