ASHLAND THEOLOGICAL SEMINARY

# CLINICAL MENTAL HEALTH COUNSELING PROGRAM LOGSHEET

Please check: Practicum ❑ Internship ❑

**Student Name:** _____

**Site where these hours were worked:** _____

**Supervisor Name and Credentials:** _____ **Page #** _____

| Date M/D/Y | Direct Hrs / Qtr Hrs | Direct—Group Hrs / Qtr Hrs | Supervision Hrs / Qtr Hrs | Indirect Hrs/Qtr Hrs | Other Activity (specify what) | Daily Total Hrs/Qtr Hrs |
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| Subtotals of columns | | | | | Column totals from the left should equal the total to the right. | |

Supervisor's Signature: _____ Date: _____

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| Previous Totals | | | | | Column totals from the left should equal the total to the right. | |
| **CURRENT GRAND TOTAL** | | | | | Column totals from the left should equal the total to the right. | |

Student's Signature: _____ Date: _____