CLINICAL MENTAL HEALTH COUNSELING PROGRAM LOGSHEET

Please check: Practicum [ ] Internship [ ]

Student Name: _______________________________________________________________

Site where these hours were worked: ____________________________________________

Supervisor Name and Credentials: ____________________________________________

<table>
<thead>
<tr>
<th>Date M/D/Y</th>
<th>Direct Hrs / Qtr Hrs</th>
<th>Direct—Group Hrs / Qtr Hrs</th>
<th>Supervision Hrs / Qtr Hrs</th>
<th>Indirect Hrs/Qtr Hrs</th>
<th>Other Activity (specify what)</th>
<th>Daily Total Hrs/Qtr Hrs</th>
</tr>
</thead>
</table>

Subtotals of columns

Column totals from the left should equal the total to the right.

Supervisor’s Signature: ___________________________________________ Date: _______

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: _______