



**Weekly Supervision Hours**

	Individual Live	Individual Case	Individual Audio	Group Live	Group Case	Group Audio	Supervision Of Supervision
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							

\*\*Live = supervisor provides supervision as you are conducting a client session; Case = review of client cases; Audio = listen to taped client session(s).

**Provide a count for the next three tables:**

<b>Race/ Ethnicity</b>	Asian American / Asian Origin / Pacific Islander	African American / Black / African Origin	Caucasian / White / European Origin	Latino / Hispanic	Inter-national	Multiracial / Biracial	Native American / Alaskan Native / Aboriginal Canadian	Other (specify)
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								

<b>Sexual Orientation</b>	Bisexual	Gay	Hetero-sexual	Lesbian	<b>Gender</b>	Female	Male	Transgendered
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								

<b>Disability</b>	Physical	Visual	Auditory	Learning	Developmental	Other
Week 1						
Week 2						
Week 3						
Week 4						
Week 5						

**Test Administration and Scoring** (Identify specific tests)

Name of Test	Administered	Scored	Interpreted	Written Report

Identify each test as: Structured Clinical Assessment Interview, Projective Personality, Objective Personality, Career and Vocational, Behavioral Assessment, Focal Assessment, or Test Battery.

Monthly Total Direct Service Hours		Monthly Total Indirect Service Hours		Monthly Total Supervision Hours	
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Month / Dates of Service Reported \_\_\_\_\_

It is the **RESPONSIBILITY OF STUDENTS** to have this form completed **EACH INSTRUCTIONAL TERM**. Return completed form to the **Practicum Instructor**. Students should also **retain copies of all forms** for their files.