

LEWIS & CLARK  
 GRADUATE SCHOOL OF EDUCATION AND COUNSELING  
 DEPARTMENT OF COUNSELING PSYCHOLOGY  
 PROFESSIONAL MENTAL HEALTH COUNSELING—ADDICTIONS

## Clinical Hours Summary Report

Practicum I     Practicum II     Internship I     Internship II

Semester Report (Term: \_\_\_\_\_)     Final Report

Lewis & Clark Community Counseling Center     Community Site: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Supervisor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Supervisor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions:** Complete separate forms for LCCCC and community site hours. Use .25 hour increments. For Practicum II and Internship II, complete and turn in separate forms for semester hours and final hours (final hours are tallied by compiling the reports from semesters I and II). Keep a copy of this form for your own records; the CPSY office is not responsible for making copies for you.

| DIRECT SERVICE SUMMARY               | HOURS |
|--------------------------------------|-------|
| Individual Counseling                |       |
| Group Counseling                     |       |
| Family/Couples                       |       |
| Intake/Assessment                    |       |
| Crisis Intervention/Phone Counseling |       |
| <b>TOTAL</b>                         |       |

| SUPERVISION SUMMARY    | HOURS |
|------------------------|-------|
| Individual Supervision |       |
| Group Supervision      |       |
| <b>TOTAL</b>           |       |

| OTHER ACTIVITIES SUMMARY                      | HOURS |
|---|-------|
| Workshops, Trainings, Consulting, Readings    |       |
| Client Notes, Recordkeeping, Other Activities |       |
| <b>TOTAL</b>                                  |       |

| HOURS              |  |
|--------------------|--|
| <b>GRAND TOTAL</b> |  |