



Advanced Practicum Completion Form

KENT STATE UNIVERSITY
 College of Education,
 Health and
 Human Services

The following signatures indicate that _____ satisfactorily fulfilled the expectations of the
 (Name of Student Intern)
 Advanced Practicum experiences.

	Advanced Practicum	Total
1. Individual Counseling Hours		
2. Group Counseling Hours		
3. Couple/Family Contact Hours		
4. Total # of Direct Service Hours (Line 1 + Line 2 + Line 3)		
5. Individual Supervision Hours		
6. ALL Non-direct Service Hours (EXCLUDING supervision)		
7. Total # of Non-direct Service Hours (Line 5 + Line 6)		
8. Total # of Direct and Non-direct Service Hours (Line 4 + Line 7)		
9. Total Hours of Group Supervision (1.5 hours per class session attended)		
10. Total Hours of Course Instruction (1 hour per class session attended)		
11. Total Hours of Supervision (Line 5 + Line 9)		
TOTAL (Line 8 + Line 9 + Line 10)		

ADVANCED PRACTICUM

 Student Name (Print)

 Student's Signature

 Date

 Advanced Practicum Instructor (Print)

 Advanced Practicum Instructor's Signature

 Date

 Doctoral Practicum and Internship Coordinator Signature

 Date