



Clinical Mental Health Counseling Practicum Completion Form



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

	Practicum I	Practicum II	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)			

PRACTICUM I

Student Name (Print)

Student's Signature

Date

Practicum I Instructor (Print)

Practicum I Instructor's Signature

Date

PRACTICUM II

Student Name (Print)

Student's Signature

Date

Practicum II Instructor (Print):

Practicum II Instructor's Signature

Date

Master's Practicum and Internship Coordinator Signature

Date