

**NIAGARA UNIVERSITY  
CLINICAL MENTAL HEALTH COUNSELING  
MONTHLY HOURS LOG  
PLACEMENT YEAR: \_\_\_\_\_**

**(CHECK) INTERNSHIP 1 \_\_\_\_\_ INTERNSHIP 2 \_\_\_\_\_ INTERNSHIP 3 \_\_\_\_\_**

Name: \_\_\_\_\_ Month: \_\_\_\_\_

Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates: (from ___ to ___ )	*Direct Hours	Total Hours	*Supervision Hours
Wk 1:			
Wk 2:			
Wk 3:			
Wk 4:			
<b>MONTHLY TOTAL</b>			
<b>CUMULATIVE SEMESTER Total</b> (sum of this and semester's prior monthly totals)			

**\*Keep separate track of Direct and Supervision Hours as listed.** Direct and Supervision hours are always *included* as part of the Total Clock Hours. (E.g.: 20 Total Hours may involve 8 Direct hrs. and 4 hrs. of supervision)

*Each Internship requires 300 Total clock hours, with at least one hour of supervision per week and 120 hours of direct contact.*

*\*\*Direct Hours= Individual, group, couples, family counseling, co-counseling, intakes, assessment, phone crisis counseling, psychoeducational or support groups and any other direct contact with clients.*

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
On-Site Supervisor Signature Date

\_\_\_\_\_  
University Supervisor Signature Date