

**NIAGARA UNIVERSITY
CLINICAL MENTAL HEALTH COUNSELING
MONTHLY HOURS LOG**

PRACTICUM Fall Semester Year: _____

Name: _____ Month: _____

Site: _____ Supervisor: _____

Dates:(from _____ to _____)	*Direct Hours	*Total Hours	Supervision Hours	Supervisor Initials
Wk 1:				
Wk 2:				
Wk 3:				
Wk 4:				
MONTHLY TOTAL				
CUMULATIVE TOTAL (sum of current and prior months to date)				

***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)

Practicum requires 100 Total clock hours, with at least one hour of supervision per week and 40 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**